

Pharmacy Program

NH Healthy Families is committed to providing appropriate, high quality, and cost effective drug therapy to all NH Healthy Families members. NH Healthy Families works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NH Healthy Families covers prescription medications and certain over-the-counter (OTC) medications when ordered by a prescriber. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Preferred Drug List

The NH Healthy Families Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The NH Healthy Families PDL is continually evaluated by the Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the physicians, pharmacists, and other healthcare professionals.

Pharmacy Benefit Manager

NH Healthy Families works with a Pharmacy Benefit Manager (PBM) to process pharmacy claims for prescribed drugs and maintain the pharmacy network. The Pharmacy Benefit Manager ensures claims are processed in line with the NH Healthy Families preferred drug list.

Specialty Drugs

NH Healthy Families contracts with a number of specialty pharmacies, such as AcariaHealth Specialty Pharmacy, to ensure members have adequate access to the specialty drugs they require. Specialty drugs, such as biopharmaceuticals and injectables, may require PA to be approved for payment by NH Healthy Families. PA requirements are programmed specific to the drug.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for PDL drugs (excluding ophthalmic drugs which are set at 70%).

Appropriate Use and Safety Edits

The health and safety of the member are top priorities for NH Healthy Families. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

Prior Authorizations

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the prescriber to the Pharmacy Services team on the **Medication Prior Authorization Form**. This form should be **faxed to the Pharmacy Services team at 833-645-2738**. This document can be found on the NH Healthy Families website.

NH Healthy Families will cover the medication if it is determined that:

1. There is a medical reason the member needs the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team notifies the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy

Families will notify the member and their prescriber of alternatives and provide information regarding the appeal process.

Quantity Limits

NH Healthy Families may limit how much of a certain medication a member can get at one time. If the prescriber feels the member has a medical reason for getting a greater amount, a PA may be requested. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

Age Limits

Some medications on the NH Healthy Families PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

Non-Preferred

NH Healthy Families incorporates a Preferred Drug List. A notation of non-preferred corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-preferred drugs varies by therapeutic drug class. To request the approval of a non-preferred drug please submit rationale via prior authorization request form to the Pharmacy Services team at fax number 833-645-2738.

Medical Necessity Requests

If the member requires a medication that does not appear on the PDL, the member's prescriber can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.

For a MN request NH Healthy Families requires:

- Documentation of failure of PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team will notify the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, the member and their prescriber will be notified of alternatives and provide information regarding the appeal process.

72-Hour Emergency Supply Policy

State and Federal law require that a pharmacy dispense at least a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Help Desk at the number located on the back of your member ID card for an override.

Newly Approved Products

NH Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

Over-the-Counter Medications

NH Healthy Families covers some OTC medications. These medications can be found throughout the NH Healthy Families PDL. NH Healthy Families covers OTC products listed on the PDL if the member has a prescription from a licensed prescriber that meets all the legal requirements for a prescription.

CMS Labeler Requirements

NH Healthy Families requires manufacturers to enter into the federal rebate agreement program as outlined in the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) in order to be eligible for coverage under the NH Healthy Families preferred drug list. Manufacturers and products which do not engage in this rebate program will be ineligible for coverage under the preferred drug list.

Drug Efficacy Study and Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by NH Healthy Families.

Filling a Prescription

A member can have prescriptions filled at a NH Healthy Families network pharmacy. If the member decides to have a prescription filled at a network pharmacy, they can locate a pharmacy near them by contacting NH Healthy Families Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and their NH Healthy Families ID card.

Step Therapy

Some medications listed on the NH Healthy Families' PDL may require specific medications to be used before the member can receive the step therapy medication. If NH Healthy Families has a record that the required medication was tried first the step therapy medications are automatically covered. If NH Healthy Families does not have a record that the required medication was tried, the member's prescriber may be required to provide additional information. If authorization is not granted, NH Healthy Families will notify the member and their prescriber and provide information regarding the appeal process.

Trial and Failure of 1 Preferred Product Required Prior to Non-Preferred Products
Antibiotics - 3rd Generation Quinolones
Anticonvulsants - Carbamazepine Derivatives
Behavioral Health - Atypical Antipsychotics & Combos
Cardiovascular - Oral Pulmonary Hypertension Agents
Central Nervous System - Calcitonin Gene-Related Peptide Inhibitors, Multiple Sclerosis - Other
Endocrinology - Biguanides & Combos, Dipeptidyl Peptidase-4 Inhibitors and Comboos, Insulins
Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos
Gastrointestinal - Hepatitis C Agents
Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depleters

Immunologic - Systemic Immunomodulators
Miscellaneous - Smoking Cessation, Topical Androgenic Agents
Osteoporosis - Nasal Calcitonins
Respiratory - Inhaled Corticosteroids and Long/Short Acting Beta Adrenergics & Combos - Inhalers/Nebs
Topical - Antiparasitics, Very High Potency Steroids, Topical Combination Benzoyl Peroxide & Clindamycin Products

Trial and Failure of 2 Preferred Products Required Prior to Non-Preferred Products
Analgesic - Non-Selective NSAIDs, Long Acting Opioids, Tramadol & Tramadol Like Derivatives
Antibiotics - 2nd/3rd Generation Cephalosporins, 2nd Generation Quinolones, Herpetic Antivirals, Macrolides
Anticonvulsants - 1st/2nd Generation
Antifungals - Onychomycosis
Antivirals - Treatment/Prophylaxis of Influenza
Behavioral Health - Alzheimer's Agents, Antihyperkinesia, Serotonin Reuptake Inhibitors & Combos
Cardiovascular - Angiotensin Receptor Blockers & Combos, Calcium Channel Blockers & Combos, High Potency Statins & Combos, Platelet Inhibitors, Triglyceride Lowering Agents
Central Nervous System - Triptans
Endocrinology - 2nd Generation Sulfonylureas & Combos, Alpha-Glucosidase Inhibitors, Growth Hormone
Gastrointestinal - Antiemetics, Proton Pump Inhibitors & Combos, Ulcerative Colitis
Genitourinary/Renal - Alpha Blockers for Benign Prostatic Hyperplasia
Hematologic - Anticoagulants
Miscellaneous - Pancreatic Enzymes
Ophthalmic - Nonsteroidal Antiinflammatory, Quinolones, Antihistamines, Carbonic Anhydrase Inhibitors, Prostaglandin Agonists
Osteoporosis - Bisphosphonates
Otic/Antibiotic - Quinolones and Combos
Respiratory - COPD Agents, Leukotriene Modifiers, Nasal Antihistamines, Nasal Corticosteroids
Topical - High/Medium/Low Potency Steroids, Topical Agents for Psoriasis, Antibiotics, Antivirals, Retinoids

Trial and Failure of 3 Preferred Products Required Prior to Non-Preferred Products
Behavioral Health - Anxiolytics
Cardiovascular - ACE Inhibitors & Combos, Beta Blockers & Combos, Calcium Channel Blockers & Combos
Central Nervous System - Multiple Sclerosis - Disease Modifying Therapy
Genitourinary/Renal - Urinary Antispasmodics
Miscellaneous - Skeletal Muscle Relaxants
Respiratory - Adrenergic Combinations, Low-Sedating Antihistamines & Combos

Trial and Failure of 5 Preferred Products Required Prior to Non-Preferred Products
Ophthalmic/Glaucoma - Beta Blocker Agents

Trial and Failure of All Preferred Products Required Prior to Non-Preferred Products
Ophthalmic/Glaucoma - Alpha-2 Adrenergic Agents

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

DS/DU:	Day Supply per Dosage Unit
Max Days Sply:	Maximum Day Supply
Max Fills:	Maximum Fills (per a designated time period)
Max Qty:	Maximum Quantity (per claim or designated time period)
Min DS:	Minimum Day Supply
MP:	Maintenance Product (eligible for 90-day supply)
PA:	Prior Authorization
Pkg Size:	Package Size
SP	Specialty Drug
PV	Preventative
QL	Quantity Limit
ST	Step Therapy
AL	Age Limit
RX/OTC	Over-the-Counter Medication (prescription required)

Tier Definitions

0	\$0 Copay
1	Preferred Generic
2	Preferred Brand
CO	Carve-Out Drug - Covered by State
NP	Non- Preferred

Brand/Generic Drug Designation

Drug Type	Designation
Brand	First letter of drug name is capitalized
Generic	First letter of drug name is lowercase

Contact Information

NH Healthy Families: 866-769-3085, www.nhhealthyfamilies.com

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	2	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
ADDERALL TABS (Use amphetamine-dextroamphetamine)	2	Generic for Adderall; QL(3 ea daily); MP
amphetamine sulfate TABS	1	Generic for Evekeo; MP; PA
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	Generic for Adderall XR; QL(1 ea daily); AL(At least 6 yrs old); MP
amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	MP
amphetamine-dextroamphetamine TABS	1	Generic for Adderall; QL(3 ea daily); MP
dextroamphetamine sulfate CP24 10 MG, 15 MG	1	Generic for Dexedrine; QL(2 ea daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 5 MG	1	Generic for Dexedrine; QL(1 ea daily); AL(At least 6 yrs old); MP
dextroamphetamine sulfate SOLN	1	Generic for Procentra; MP; PA
dextroamphetamine sulfate SOLN	NP	Generic for Procentra; MP; PA
dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1	MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	AL(At least 3 yrs old); MP
dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	AL(At least 3 yrs old); MP
DYANAVEL XR CHER	NP	
lisdexamfetamine dimesylate CAPS	1	QL(1 ea daily); MP; PA
lisdexamfetamine dimesylate CHEW	1	MP; PA
methamphetamine hcl	1	Generic for Desoxyx; MP; PA
VYVANSE CAPS	2	QL(1 ea daily); MP; PA
VYVANSE CHEW	2	MP; PA
XELSTRYM	NP	
Analeptics		
caffeine citrate SOLN OR	1	QL(45 ml per fill retail); MP
Anti-Obesity Agents		
IMCIVREE	NP	SP; PA
SAXENDA	2	PA
WEGOVY	2	PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i>	1	Generic for Strattera; AL(At least 6 yrs old); MP
<i>clonidine hcl (adhd) TB12</i>	1	Generic for Kapvay; MP
<i>guanfacine hcl (adhd)</i>	1	Generic for Intuniv; QL(1 ea daily); AL(At least 6 yrs old); MP
QELBREE	NP	MP
Stimulants - Misc.		
AZSTARYS	NP	MP
CONCERTA TBCR (<i>Use methylphenidate hcl</i>)	2	Generic for Concerta; AL(At least 6 yrs old); MP
<i>dexmethylphenidate hcl CP24</i>	1	Generic for Focalin XR; MP; PA
<i>dexmethylphenidate hcl TABS</i>	1	Generic for Focalin; QL(2 ea daily); AL(At least 6 yrs old); MP
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	2	Generic for Focalin XR; MP; PA
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	2	Generic for Methylin; MP; PA
<i>methylphenidate hcl CHEW</i>	1	MP; PA
<i>methylphenidate hcl CP24 60 MG</i>	1	MP; PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	1	Generic for Ritalin LA; MP; PA
<i>methylphenidate hcl CP24</i>	1	Generic for Aptensio XR; MP; PA
<i>methylphenidate hcl CPCR</i>	1	Generic for Metadate CD; AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl SOLN</i>	1	Generic for Methylin; MP; PA
<i>methylphenidate hcl TABS</i>	1	Generic for Ritalin; AL(At least 3 yrs old); MP
<i>methylphenidate hcl TB24</i>	1	AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>	1	Generic for Concerta; AL(At least 6 yrs old); MP
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	AL(At least 6 yrs old); MP
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45 MG, 63 MG	2	AL(At least 6 yrs old)
RELEXXII TBCR 45 MG, 63 MG	2	AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	Generic for Concerta; AL(At least 6 yrs old); MP
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
ORALAIR ADULT STARTER PACK SUBL	2	PA
ORALAIR SUBL	2	PA
ALTERNATIVE MEDICINES		
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	1	QL(4 ea daily)
Alternative Medicine - M's		
<i>melatonin TABS 3 MG, 5 MG</i>	1	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU (<i>Use tobramycin</i>)	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KITABIS PAK NEBU (<i>Use tobramycin</i>)	2	SP; PA	ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	SP; PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	SP; PA
TOBI NEBU (<i>Use tobramycin</i>)	NP	SP; PA	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	SP; PA
<i>tobramycin sulfate SOLN IJ</i>	1	PA	ADALIMUMAB-ADAZ SOAJ	2	SP; PA
<i>tobramycin sulfate SOLR</i>	1	PA	ADALIMUMAB-ADAZ SOSY	2	SP; PA
<i>tobramycin NEBU</i>	1	SP; PA	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	2	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
OLUMIANT	NP	SP; PA	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	2	SP; PA
RINVOQ	NP	SP; PA	ADALIMUMAB-ADBM AJKT	2	SP; PA
XELJANZ SOLN	NP	SP; PA	ADALIMUMAB-ADBM PSKT	2	SP; PA
Antirheumatic Antimetabolites					
METHOTREXATE	2	MP	ADALIMUMAB-FKJP AJKT	2	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	2	SP; PA	ADALIMUMAB-FKJP PSKT	2	SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	2	SP; PA	AMJEVITA SOAJ	NP	SP; PA
Anti-TNF-alpha - Monoclonal Antibodies					
ABRILADA 1-PEN KIT AJKT	NP	SP; PA	AMJEVITA SOSY	NP	SP; PA
ABRILADA 2-PEN KIT AJKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP; PA
ABRILADA PSKT	NP	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP; PA
ADALIMUMAB-AACF (2 PEN) AJKT	2	SP; PA	CYLTEZO AJKT	NP	SP; PA
			CYLTEZO PSKT	NP	SP; PA
			HADLIMA PUSHTOUCH SOAJ	NP	SP; PA
			HADLIMA SOSY	NP	SP; PA
			HULIO AJKT	NP	SP; PA
			HULIO PSKT	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	2	SP; PA	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	2	SP; PA	YUFLYMA 1-PEN KIT AJKT	NP	SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	2	SP; PA	YUFLYMA 2-PEN KIT AJKT	NP	SP; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	2	SP; PA	YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	NP	SP; PA
HUMIRA PEN PNKT	2	SP; PA	YUFLYMA CD/UC/HS STARTER AJKT	NP	SP; PA
HUMIRA PEN PNKT 40 MG/0.8ML	2	SP; PA	YUSIMRY	NP	SP; PA
HUMIRA PEN-PS/UV STARTER PNKT	2	SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PSKT	2	SP; PA	ADVIL TABS (<i>Use ibuprofen</i>)	0	MP
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	SP; PA	<i>celecoxib</i>	1	QL(2 ea daily); PA
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	SP; PA	CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	SP; PA	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	0	MP; RX/OTC
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	SP; PA	<i>diclofenac potassium TABS 50 MG</i>	1	MP
HYRIMOZ SENSOREADY PENS SOAJ	NP	SP; PA	<i>diclofenac sodium TB24</i>	1	MP
HYRIMOZ SOAJ	NP	SP; PA	<i>diclofenac sodium TBEC</i>	1	MP
HYRIMOZ SOSY	NP	SP; PA	<i>etodolac CAPS</i>	1	MP
IDACIO (2 PEN) AJKT	NP	SP; PA	<i>etodolac TABS</i>	1	MP
IDACIO (2 SYRINGE) PSKT	NP	SP; PA	<i>etodolac TB24</i>	1	MP
IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	SP; PA	<i>flurbiprofen TABS</i>	1	MP
			<i>ibuprofen CHEW</i>	0	MP
			<i>ibuprofen SUSP</i>	0	MP; RX/OTC
			<i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>	0	MP
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	MP
			<i>indomethacin CPCR</i>	1	MP
			INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	0	MP

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen CAPS 50 MG</i>	1	MP
<i>ketoprofen CP24</i>	1	MP
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail); AL(At least 17 yrs old); MP
<i>meloxicam TABS</i>	1	MP
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	0	MP
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	0	MP
<i>nabumetone</i>	1	MP
<i>naproxen sodium TABS 220 MG</i>	1	QL(2 ea daily); MP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	MP
<i>naproxen-esomeprazole magnesium</i>	1	PA
<i>naproxen SUSP</i>	1	MP
<i>naproxen TABS</i>	1	MP
<i>naproxen TBEC</i>	1	QL(2 ea daily); MP
<i>oxaprozin TABS</i>	1	MP
<i>piroxicam CAPS</i>	1	MP
<i>sulindac TABS</i>	1	MP
<i>tolmetin sodium CAPS</i>	1	MP
<i>tolmetin sodium TABS 600 MG</i>	1	MP
Pyrimidine Synthesis Inhibitors		
<i>leflunomide</i>	1	QL(1 ea daily); MP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	2	SP; PA
ENBREL SURECLICK SOAJ	2	SP; PA
ENBREL SOLN	2	SP; PA
ENBREL SOLR	2	SP; PA
ENBREL SOSY	2	SP; PA

ANALGESICS - NonNarcotic - Drugs to Treat Pain,

Drug Name	Drug Tier	Requirements/Limits
Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	QL(4 ea daily)
Analgesics Other		
<i>acetaminophen CHEW</i>	0	
<i>acetaminophen ELIX</i>	0	
<i>acetaminophen LIQD 160 MG/5ML</i>	0	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	0	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	0	QL(12 ea per fill retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	1	
<i>acetaminophen TABS 325 MG, 500 MG</i>	1	
FEVERALL JUNIOR STRENGTH SUPP	0	QL(12 ea per fill retail)
INFANTS SILAPAP SOLN OR	0	QL(30 ml per fill retail)
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use acetaminophen</i>)	0	
Analgesics-Peptide Channel Blockers		
PRIALT	2	SP; PA
Salicylates		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	1		<i>meperidine hcl TABS 50 MG</i>	1	QL(6 ea daily)
<i>aspirin CHEW</i>	0		<i>methadone hcl TABS 10 MG</i>	1	QL(10 ea daily); PA
ASPIRIN SUPP 300 MG	0	QL(12 ea per fill retail)	<i>methadone hcl TABS 5 MG</i>	1	QL(4 ea daily); PA
<i>aspirin TABS 325 MG</i>	0		<i>morphine sulfate beads</i>	1	PA
<i>aspirin TBEC 81 MG, 325 MG</i>	0		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	PA
<i>diflunisal TABS</i>	1	MP	<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	1	QL(16.67 ml daily)
ECOTRIN ARTHRITIS PAIN TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	1	QL(240 ml per fill retail)
ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate SUPP</i>	1	QL(24 ea per fill retail)
ECOTRIN TBEC (<i>Use aspirin</i>)	0		<i>morphine sulfate TABS</i>	1	QL(6 ea daily)
<i>salsalate</i>	1		<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>OXAYDO TABS 5 MG</i>	2	QL(6 ea daily)
Opioid Agonists			<i>oxycodone hcl CAPS</i>	1	QL(6 ea daily)
<i>codeine sulfate TABS 30 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	QL(6 ml daily)
CODEINE SULFATE TABS	2	QL(2 ea daily)	<i>oxycodone hcl SOLN</i>	1	
CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	PA	<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	1	QL(2 ea daily); PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	PA	<i>oxycodone hcl TABS</i>	1	QL(6 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	10 per month; QL(0.34 ea daily)	<i>oxymorphone hcl TB12 15 MG</i>	1	PA
<i>hydrocodone bitartrate CP12</i>	1		<i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	
HYDROMORPHONE HCL SUPP	2	QL(12 ea per fill retail)	QDOLO SOLN (<i>Use tramadol hcl</i>)	2	
<i>hydromorphone hcl TABS</i>	1	QL(8 ea daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	PA
<i>hydromorphone hcl TB24</i>	1	PA	<i>tramadol hcl SOLN</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	QL(500 ml per fill retail)	<i>tramadol hcl TABS 100 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>	1	QL(6 ea daily)
<i>tramadol hcl TB24</i>	1	PA	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>	1	QL(12 ea daily)
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	2		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>	1	QL(3 ea daily)
Opioid Combinations			<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	1	QL(12 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1	QL(30 ml daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	QL(6 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	QL(4 ea daily)	<i>buprenorphine hcl SUBL</i>	1	PA
<i>butalbital-aspirin-caffeine w/cod</i>	1	QL(4 ea daily)	<i>buprenorphine PTWK</i>	1	PA
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	QL(180 ml daily)	BUTRANS PTWK (Use buprenorphine)	2	PA
<i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>	1	QL(8 ea daily)	SUBLOCADE SOSY	2	1 rtl MAX fill; 30 rtl day(s) supply; SP; PA
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>	1	QL(6 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(2 ea daily); PA
<i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>	1	QL(12 ea daily)	SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(6 ea daily); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(6 ea daily)	SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(3 ea daily); PA
<i>tramadol-acetaminophen</i>	1	QL(4 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	2	Generic Alternative Preferred; QL(12 ea daily); PA
Opioid Partial Agonists			ZUBSOLV SUBL 2.1 MG-8.6 MG	2	QL(2 ea daily)
BRIXADI SOSY	2	SP	ZUBSOLV SUBL 0.18 MG-0.7 MG	2	QL(8 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	ZUBSOLV SUBL 1.4 MG-5.7 MG	2	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 0.36 MG-1.4 MG	2	QL(12 ea daily)
ZUBSOLV SUBL 2.9 MG-11.4 MG	2	QL(1.5 ea daily)
ZUBSOLV SUBL 0.71 MG-2.9 MG	2	QL(6 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	NP	
AVEED SOLN	2	SP; PA
METHITEST TABS	2	
TESTOPEL PLLT	2	SP; PA
testosterone cypionate SOLN IM 200 MG/ML	1	QL(4 ml per 30 days retail)
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	1	
testosterone GEL TD 1 %	2	
testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM	1	PA
testosterone SOLN	1	PA
VOGELXO PUMP GEL TD (Use testosterone)	NP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
hydrocortisone (intrarectal)	1	QL(420 ml per fill retail)
Rectal Combinations		
phenylephrine-shark liver oil-cocoa butter	1	QL(48 ea per fill retail)
phenylephrine-shark liver oil-mineral oil-petrolatum	1	QL(12 gm per fill retail)
Rectal Local Anesthetics		

Drug Name	Drug Tier	Requirements/Limits
pramoxine hcl (rectal) FOAM EX	1	QL(15 gm per fill retail)
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	2	QL(30 gm per fill retail)
hydrocortisone (rectal) EX 1 %	1	RX/OTC
hydrocortisone (rectal) EX 2.5 %	1	QL(30 gm per fill retail)
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone LIQD	1	QL(16.53 ml daily)
alum & mag hydrox-simethicone SUSP	1	QL(16.53 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	2	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	1	QL(16.53 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	1	
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	SP; PA
EMVERM CHEW	2	QL(1 ea per 14 days retail)
pyrantel pamoate SUSP 144 MG/ML	1	1 rti MAX fill; 30 rti day(s) supply; QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	NP	
<i>ranolazine TB12</i>	1	
Nitrates		
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	MP
<i>isosorbide mononitrate TABS</i>	1	QL(2 ea daily); MP
<i>isosorbide mononitrate TB24</i>	1	QL(1 ea daily); MP
NITRO-BID OINT	2	MP
<i>nitroglycerin CPR</i>	1	MP
<i>nitroglycerin PT24</i>	1	MP
<i>nitroglycerin SUBL</i>	1	MP
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	MP
<i>droperidol SOLN 2.5 MG/ML</i>	1	
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	MP
<i>hydroxyzine pamoate CAPS 50 MG</i>	1	MP
<i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>	1	
<i>meprobamate</i>	1	
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	2	
<i>alprazolam TABS</i>	1	QL(4 ea daily)
<i>alprazolam TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam TBDP</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1	QL(4 ea daily)
<i>clorazepate dipotassium TABS</i>	1	QL(3 ea daily)
<i>diazepam CONC</i>	1	
DIAZEPAM SOAJ	2	
<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	QL(500 ml per fill retail)
DIAZEPAM SOLN IJ 5 MG/ML	2	
<i>diazepam TABS</i>	1	QL(4 ea daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS 1 MG</i>	1	QL(4 ea daily)
<i>lorazepam TABS 0.5 MG, 2 MG</i>	1	QL(3 ea daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS</i>	1	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	MP
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	2	MP
<i>quinidine gluconate TBCR</i>	1	MP
<i>quinidine sulfate TABS</i>	1	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	MP
<i>propafenone hcl TABS</i>	1	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	1	MP
<i>dofetilide</i>	1	MP; PA
ANTIASTHMATIC AND BRONCHODILATOR		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Lung Conditions					
Antiasthmatic - Monoclonal Antibodies					
CINQAIR	NP	SP; PA	ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
FASENRA PEN SOAJ	2	SP; PA	ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
NUCALA SOAJ	NP	SP; PA	ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
NUCALA SOLR	NP	SP; PA	<i>budesonide (inhalation) SUSP</i>	1	QL(4 ml daily); AL(At least 1 yrs old - Up to 8 yrs old)
NUCALA SOSY	NP	SP; PA	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	QL(12 gm per 30 days retail)
TEZSPIRE SOAJ	NP	SP; PA	FLOVENT HFA 44 MCG/ACT	2	QL(11 gm per 30 days retail)
TEZSPIRE SOSY	NP	SP; PA	<i>fluticasone propionate (inhalation) AEPB</i>	1	QL(2 ea daily)
XOLAIR SOLR	2	SP; PA	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(11 gm per 30 days retail)
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	2	SP; PA	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(12 gm per 30 days retail)
Anti-Inflammatory Agents					
<i>cromolyn sodium NEBU</i>	1	QL(8 ml daily)	PULMICORT FLEXHALER AEPB	NP	QL(1 ea per 25 days retail)
Bronchodilators - Anticholinergics			Sympathomimetics		
ATROVENT HFA	2	QL(0.867 gm daily)	ADVAIR DISKUS AEPB <i>(Use fluticasone- salmeterol)</i>	2	QL(2 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	QL(15 ml daily)	AIRDUO DIGIHALER 113/14	NP	
SPIRIVA HANDIHALER CAPS <i>(Use tiotropium bromide monohydrate)</i>	2		AIRDUO DIGIHALER 232/14	NP	
<i>tiotropium bromide monohydrate CAPS</i>	1		AIRDUO DIGIHALER 55/14	NP	
Leukotriene Modulators			AIRDUO RESPICLICK 113/14 AEPB <i>(Use fluticasone-salmeterol)</i>		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily); MP	AIRDUO RESPICLICK 232/14 AEPB <i>(Use fluticasone-salmeterol)</i>	NP	
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)			
<i>montelukast sodium TABS</i>	1	QL(1 ea daily); MP			
<i>zafirlukast</i>	1				
<i>zileuton TB12</i>	1				
Steroid Inhalants					
ARMONAIR DIGIHALER	NP				
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2				

Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 55/14 AEPB	NP	
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.45 gm daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(0.57 gm daily)
<i>albuterol sulfate AERS</i>	0	Limit 2 inhalers per month; QL(1.2 gm daily)
<i>albuterol sulfate NEBU 0.083 %</i>	1	QL(375 ml per 25 days retail)
<i>albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML</i>	1	QL(2 ea daily)
<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	1	QL(375 ml per 30 days retail)
ALBUTEROL SULFATE NEBU	2	QL(2 ml daily)
<i>albuterol sulfate SYRP</i>	1	MP
<i>albuterol sulfate TABS</i>	1	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	2	
BREZTRI AEROSPHERE	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	1	QL(11 gm per 30 days retail)
COMBIVENT RESPIMAT AERS	2	QL(4 gm per 30 days retail)
DULERA 50 MCG/ACT-5 MCG/ACT	2	
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	2	QL(13 gm per 30 days retail)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol AERO</i>	1	
<i>ipratropium-albuterol SOLN</i>	1	QL(12 ml daily)
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	
PROAIR DIGIHALER	NP	
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.57 gm daily)
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.45 gm daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	
SYMBICORT (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	QL(11 gm per 30 days retail)
<i>terbutaline sulfate TABS</i>	1	MP
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	0	Limit 2 inhalers per month; QL(0.54 gm daily)
XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	2	
Xanthines		
THEO-24 CP24 100 MG	2	MP
THEO-24 CP24 200 MG, 300 MG, 400 MG	2	
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	QL(475 ml per fill retail); MP
<i>theophylline TB12 450 MG</i>	1	
<i>theophylline TB12 100 MG, 200 MG, 300 MG</i>	1	
<i>theophylline TB24</i>	1	MP
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPB	2	QL(4 ea daily)
ELIQUIS TABS	2	QL(4 ea daily)
XARELTO STARTER PACK TBPB	2	
XARELTO SUSR	2	
XARELTO TABS 2.5 MG	2	
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(180 ml per 30 days retail)
<i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>	1	QL(36 ml per 30 days retail)
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	1	QL(18 ml per 30 days retail)
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	1	QL(48 ml per 30 days retail)
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	1	QL(60 ml per 30 days retail)
<i>fondaparinux sodium</i>	1	PA
FRAGMIN SOLN 10000 UNIT/4ML	NP	SP
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	1	
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS</i>	1	
PRADAXA CAPS	2	
PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	2	
PRADAXA PACK	2	SP

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	
<i>clobazam TABS</i>	1	
<i>clonazepam TABS</i>	1	QL(4 ea daily)
<i>clonazepam TBDP</i>	1	
VALTOCO 10 MG DOSE LIQD	2	QL(10 ea per 30 days retail); PA
VALTOCO 15 MG DOSE LQPK	2	QL(10 ea per 30 days retail); PA
VALTOCO 20 MG DOSE LQPK	2	QL(10 ea per 30 days retail); PA
VALTOCO 5 MG DOSE LIQD	2	QL(10 ea per 30 days retail); PA
Anticonvulsants - Misc.		
BRIVIACT SOLN IV 50 MG/5ML	2	SP; PA
<i>carbamazepine CHEW</i>	1	MP
<i>carbamazepine CP12</i>	1	MP
<i>carbamazepine SUSP</i>	1	MP
<i>carbamazepine TABS</i>	1	MP
<i>carbamazepine TB12</i>	1	MP
CARBATROL CP12 (Use <i>carbamazepine</i>)	2	MP
ELEPSIA XR TB24	NP	
EPRONTIA SOLN	NP	
<i>gabapentin CAPS 100 MG</i>	1	QL(9 ea daily); MP
<i>gabapentin CAPS 300 MG, 400 MG</i>	1	MP
<i>gabapentin SOLN</i>	1	MP
<i>gabapentin TABS 600 MG, 800 MG</i>	1	MP
<i>lamotrigine CHEW</i>	1	MP
<i>lamotrigine KIT 25 MG</i>	1	
<i>lamotrigine TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine TB24</i>	1	
<i>lamotrigine TBDP</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	QL(30 ml daily); MP
<i>levetiracetam TABS</i>	1	MP
<i>levetiracetam TB24</i>	1	MP
<i>oxcarbazepine SUSP</i>	1	MP
<i>oxcarbazepine TABS</i>	1	MP
<i>pregabalin CAPS</i>	1	PA
<i>pregabalin SOLN</i>	1	PA
<i>primidone 125 MG</i>	1	
<i>primidone 50 MG, 250 MG</i>	1	MP
<i>rufinamide SUSP</i>	1	SP
TEGRETOL-XR TB12 (Use carbamazepine)	2	MP
TOPAMAX SPRINKLE CPSP (Use topiramate)	2	MP
<i>topiramate CPSP</i>	1	MP
<i>topiramate TABS 25 MG</i>	1	QL(6 ea daily); MP
<i>topiramate TABS 50 MG, 100 MG, 200 MG</i>	1	MP
TRILEPTAL SUSP (Use oxcarbazepine)	2	MP
ZONISADE SUSP	NP	
<i>zonisamide CAPS</i>	1	MP
ZTALMY	NP	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
XCOPRI TBPK	NP	
GABA Modulators		
GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	2	
GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	2	MP
SABRIL PACK (Use vigabatrin)	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SABRIL TABS (Use vigabatrin)	2	SP; PA
<i>tiagabine hcl 2 MG, 4 MG</i>	1	MP
<i>tiagabine hcl 12 MG, 16 MG</i>	1	
<i>vigabatrin PACK</i>	1	SP; PA
<i>vigabatrin TABS</i>	1	SP; PA
Hydantoins		
DILANTIN (Use phenytoin sodium extended)	NP	MP
DILANTIN INFATABS CHEW (Use phenytoin)	2	MP
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP	MP
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	MP
<i>phenytoin CHEW</i>	1	MP
<i>phenytoin SUSP</i>	1	MP
Succinimides		
CELONTIN (Use methsuximide)	2	
<i>ethosuximide CAPS</i>	1	MP
<i>ethosuximide SOLN</i>	1	MP
<i>methsuximide</i>	1	
Valproic Acid		
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	2	MP
<i>divalproex sodium CSDR</i>	1	MP
<i>divalproex sodium TB24</i>	1	MP
<i>divalproex sodium TBEC</i>	1	MP
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	MP
<i>valproic acid CAPS</i>	1	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TABS</i>	1	MP
<i>mirtazapine TBDP</i>	1	
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	MP
<i>bupropion hcl TB12 150 MG</i>	1	QL(3 ea daily); MP
<i>bupropion hcl TB12 100 MG</i>	1	QL(4 ea daily); MP
<i>bupropion hcl TB12 200 MG</i>	1	QL(2 ea daily); MP
<i>bupropion hcl TB24 300 MG</i>	1	QL(1 ea daily); MP
<i>bupropion hcl TB24 150 MG</i>	1	QL(3 ea daily); MP
<i>bupropion hcl TB24 450 MG</i>	2	
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	
GABA Receptor Modulator - Neuroactive Steroid		
ZULRESSO	2	SP; PA
Monoamine Oxidase Inhibitors (MAOIs)		
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	2	
<i>citalopram hydrobromide SOLN</i>	1	
<i>citalopram hydrobromide TABS</i>	1	MP
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS</i>	1	MP
<i>fluoxetine hcl CAPS</i>	1	MP
<i>fluoxetine hcl CPDR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl SOLN</i>	1	
<i>fluoxetine hcl TABS 20 MG</i>	1	QL(4 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 10 MG</i>	1	AL(At least 7 yrs old); MP
<i>fluoxetine hcl TABS 60 MG</i>	1	
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	2	
<i>fluvoxamine maleate CP24</i>	1	
<i>fluvoxamine maleate TABS</i>	1	
<i>paroxetine hcl TABS</i>	1	MP
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	MP
SERTRALINE HYDROCHLORIDE CAPS	2	PA
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	1	MP
<i>trazodone hcl TABS 300 MG</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old); MP
DESVENLAFAXINE ER	2	
<i>desvenlafaxine succinate 25 MG, 50 MG</i>	1	QL(1 ea daily); MP
<i>desvenlafaxine succinate 100 MG</i>	1	QL(4 ea daily); MP
<i>duloxetine hcl CPEP</i>	1	QL(1 ea daily); AL(At least 7 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE ER	NP		GLYXAMBI	2	
<i>venlafaxine hcl CP24 75 MG</i>	1	QL(5 ea daily); MP	JANUMET XR TB24	2	
<i>venlafaxine hcl CP24 37.5 MG</i>	1	QL(4 ea daily); MP	JANUMET TABS	2	
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily); MP	JENTADUETO TABS	2	QL(2 ea daily); AL(At least 18 yrs old); MP
<i>venlafaxine hcl TABS</i>	1	MP	KAZANO (<i>Use alogliptin-metformin hcl</i>)	2	QL(2 ea daily); MP
<i>venlafaxine hcl TB24</i>	1	QL(1 ea daily)	KOMBIGLYZE XR (<i>Use saxagliptin-metformin hcl</i>)	2	
Tricyclic Agents			OSENI (<i>Use alogliptin-pioglitazone</i>)	2	QL(1 ea daily); MP
<i>amitriptyline hcl TABS</i>	1	MP	<i>pioglitazone hcl-glimepiride</i>	1	
<i>amoxapine</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	QL(2 ea daily); MP
<i>clomipramine hcl</i>	1		<i>saxagliptin-metformin hcl</i>	1	
<i>desipramine hcl TABS</i>	1		Biguanides		
<i>doxepin hcl CAPS 150 MG</i>	1		<i>metformin hcl SOLN</i>	1	
<i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i>	1	MP	<i>metformin hcl TABS 625 MG</i>	1	
<i>doxepin hcl CONC</i>	1		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	MP
<i>imipramine hcl TABS</i>	1		<i>metformin hcl TB24 500 MG, 750 MG</i>	1	MP
<i>imipramine pamoate</i>	1		<i>metformin hcl TB24 500 MG, 1000 MG</i>	1	
<i>nortriptyline hcl CAPS</i>	1		Diabetic Other		
<i>nortriptyline hcl SOLN</i>	1		BAQSIMI ONE PACK POWD	2	QL(0.069 ea daily)
<i>protriptyline hcl</i>	1		BAQSIMI TWO PACK POWD	2	QL(0.069 ea daily)
<i>trimipramine maleate CAPS</i>	1		BD GLUCOSE CHEW	2	QL(1.67 ea daily); MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			CVS GLUCOSE CHEW	2	QL(1.67 ea daily); MP
Alpha-Glucosidase Inhibitors			CVS SOFT GLUCOSE CHEW	2	QL(1.67 ea daily); MP
<i>acarbose</i>	1		DEX4 QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
<i>miglitol</i>	1		<i>diazoxide</i>	1	
Antidiabetic Combinations					
<i>alogliptin-metformin hcl</i>	1	QL(2 ea daily); MP			
<i>alogliptin-pioglitazone</i>	1	QL(1 ea daily); MP			
<i>glipizide-metformin hcl</i>	1	MP			
<i>glyburide-metformin</i>	1	MP			

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	2	MP
<i>glucagon (rdna)</i>	1	QL(1 ea per fill retail); MP
GLUCAGON EMERGENCY KIT (Use <i>glucagon (rdna)</i>)	2	QL(1 ea per fill retail); MP
GLUCO TO GO CHEW	2	QL(1.67 ea daily); MP
GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GNP GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GNP QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
GVOKE KIT SOLN	NP	
LEADER QUICK DISSOLVE GLUCOSE CHEW	2	QL(1.67 ea daily); MP
<i>mifepristone (hyperglycemia)</i>	1	SP; PA
PROGLYCEM (Use <i>diazoxide</i>)	2	
SM GLUCOSE CHEW	2	QL(1.67 ea daily); MP
TRUEPLUS GLUCOSE ON THE GO CHEW	2	QL(1.67 ea daily); MP
TRUEPLUS GLUCOSE CHEW	2	QL(1.67 ea daily); MP
WALGREENS GLUCOSE CHEW	2	QL(1.67 ea daily); MP
ZEGALOGUE SOAJ	NP	
ZEGALOGUE SOSY	NP	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1	QL(1 ea daily); MP
JANUVIA	2	
NESINA (Use <i>alogliptin benzoate</i>)	2	QL(1 ea daily); MP
ONGLYZA (Use <i>saxagliptin hcl</i>)	2	
<i>saxagliptin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	2	QL(1 ea daily); AL(At least 18 yrs old); MP
Incretin Mimetic Agents		
BYETTA SOPN 10 MCG/0.04ML	2	QL(2 ml per 30 days retail); AL(At least 18 yrs old)
BYETTA SOPN 5 MCG/0.02ML	2	QL(1 ml per 30 days retail); AL(At least 18 yrs old)
MOUNJARO	NP	PA
OZEMPIC SOPN 2 MG/1.5ML, 2 MG/3ML	2	PA
OZEMPIC SOPN 4 MG/3ML, 8 MG/3ML	2	PA
TRULICITY	2	PA
VICTOZA	2	QL(0.3 ml daily)
Insulin		
BASAGLAR TEMPO PEN SOPN	NP	
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 50/50 SUSP	2	QL(40 ml per 30 days retail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
HUMALOG MIX 75/25 SUSP	2	QL(40 ml per 30 days retail)
HUMALOG TEMPO PEN SOPN	2	
HUMALOG SOLN IJ	2	QL(40 ml per 30 days retail)
HUMULIN 70/30 SUSP	2	QL(40 ml per 30 days retail)
HUMULIN N SUSP	2	QL(40 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	
HUMULIN R U-500 KWIKPEN SOPN SC	2	
HUMULIN R SOLN IJ	2	QL(40 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	2	QL(30 ml per 30 days retail)
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	2	QL(40 ml per 30 days retail)
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	2	QL(30 ml per 30 days retail)
INSULIN GLARGINE SOLN	2	
INSULIN GLARGINE-YFGN SOLN	2	Generic for Semglee
INSULIN GLARGINE-YFGN SOPN	2	Generic for Semglee
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	
INSULIN LISPRO KWIKPEN SOPN	2	QL(30 ml per 30 days retail)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	QL(30 ml per 30 days retail)
INSULIN LISPRO SOLN IJ	2	QL(40 ml per 30 days retail)
LEVEMIR FLEXPEN SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
LYUMJEV TEMPO PEN SOPN	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	2	QL(30 ml per 30 days retail)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	QL(30 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 RELION SUSP	2	QL(40 ml per 30 days retail)
NOVOLOG MIX 70/30 SUSP	2	QL(40 ml per 30 days retail)
REZVOGLAR KWIKPEN	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	QL(30 ml per 30 days retail)
SEMGLEE SOPN	NP	
Insulin Sensitizing Agents		
<i>pioglitazone hcl</i>	1	QL(1 ea daily); MP
Meglitinide Analogues		
<i>nateglinide</i>	1	QL(3 ea daily); MP
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	
FARXIGA	2	
INVOKANA	2	MP
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
<i>glimepiride 1 MG, 2 MG</i>	1	QL(4 ea daily); MP
<i>glimepiride 4 MG</i>	1	QL(2 ea daily); MP
<i>glipizide TABS 5 MG, 10 MG</i>	1	MP
<i>glipizide TABS 2.5 MG</i>	1	
<i>glipizide TB24</i>	1	MP
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	MP
<i>glyburide TABS</i>	1	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACIDOPHILUS HIGH-POTENCY CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PRBIOTICS CHEW	2	
ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE KIDS PURELY PROBIOTICS PACK	2	
ACIDOPHILUS PROBIOTIC BLEND CAPS	2	RX/OTC	CULTURELLE KIDS CHEW	2	
ACIDOPHILUS SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE KIDS PACK	2	
ACIDOPHILUS/GOAT MILK CAPS	2	RX/OTC	CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS	2	RX/OTC
ACTIPHLOA CAPS	2	RX/OTC	CULTURELLE PROBIOTICS KIDS PACK	2	
ADVANCED PROBIOTIC-14 CAPS	2	RX/OTC	CULTURELLE PRO-WELL CAPS	2	RX/OTC
ADVANCED PROBIOTIC CAPS	2	RX/OTC	CVS ADULT 50+ PROBIOTIC CAPS	2	RX/OTC
ALIGN EXTRA STRENGTH CAPS	2	RX/OTC	CVS ADULT PROBIOTIC CAPS	2	RX/OTC
ALIGN CAPS	2	RX/OTC	CVS DAILY PROBIOTIC CAPS	2	RX/OTC
ALOE 10000 & PROBIOTICS CAPS	2	RX/OTC	CVS DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
BACICAP CAPS	2	RX/OTC	CVS EVERYDAY CARE PROBIOTIC CAPS	2	RX/OTC
BACID CAPS	2	RX/OTC	CVS MOOD SUPPORT PROBIOTIC CAPS	2	RX/OTC
BILAC CAPS	2	RX/OTC	CVS PROBIOTIC ADULT 50+ CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	2	RX/OTC	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC
BIOHM PROBIOTIC SUPPLEMENT CAPS	2	RX/OTC	CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	2	RX/OTC
BIO-KULT CAPS	2	RX/OTC	CVS PROBIOTIC CAPS	2	RX/OTC
<i>bismuth subsalicylate</i> CHEW 262 MG	1		CVS SENIOR PROBIOTIC CAPS	2	RX/OTC
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	1		DAILY DIGESTIVE PROBIOTIC CAPS	2	RX/OTC
CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	2	RX/OTC	DAILY PROBIOTIC CAPS	2	RX/OTC
CULTURELLE KIDS PROBIOTIC + FIBER PACK	2				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DERMACINRX PROBISOL CAPS	2	RX/OTC	FLORAJEN4KIDS CAPS	2	RX/OTC
DERMACINRX PROBITRAN CAPS	2	RX/OTC	FLORANEX ONE CAPS	2	RX/OTC
DIFF-STAT CAPS	2	RX/OTC	FLORASAVE CPDR	2	
DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI- STRAIN SUPPORT CAPS	2	RX/OTC	FLORASTOR ADVANCED CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	2	RX/OTC	FLORASTOR SELECT GUT BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	2	RX/OTC	FLORASTOR SELECT IMMUNITY BOOST CAPS	2	RX/OTC
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTE NSIVE BOWEL SUPPORT CAPS	2	RX/OTC	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	2	
DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LAC TOSE SUPPORT CAPS	2	RX/OTC	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR	2	
DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	2	
DIGESTIVE ADVANTAGE CAPS	2	RX/OTC	FORTIFY DAILY PROBIOTIC CAPS	2	RX/OTC
ENVIVE CAPS	2	RX/OTC	FORTIFY OPTIMA PROBIOTIC CPDR	2	
EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	2	RX/OTC	FORTIFY PROBIOTIC WOMENS CPDR	2	
EQ PROBIOTIC CPDR	2		FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	2	
EQL DAILY PROBIOTIC CAPS	2	RX/OTC	GENORAVANCE CAPS	2	RX/OTC
EQL PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC	GNP ACIDOPHILUS HIGH POTENCY CAPS	2	RX/OTC
FEM-DOPHILUS WOMENS CAPS	2	RX/OTC	GNP ADVANCED PROBIOTIC CAPS	2	RX/OTC
FLORA VANCE CAPS	2	RX/OTC	GNP PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
FLORAJEN DIGESTION CAPS	2	RX/OTC	HIGH POTENCY PROBIOTIC CAPS	2	RX/OTC
FLORAJEN3 CAPS	2	RX/OTC	JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	2	RX/OTC
			JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	2	
			JARRO-DOPHILUS EPS PROBIOTIC CPDR	2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JARRO-DOPHILUS EPS CPDR	2		PROBIOMAX LEAN DF CAPS	2	RX/OTC
JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	2	RX/OTC	PROBIOMAX SB DF CAPS	2	RX/OTC
JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	2		PROBIONEXX CAPS	2	RX/OTC
LACTEROL CAPS	2	RX/OTC	PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	2	RX/OTC
LACTO-PECTIN CAPS	2	RX/OTC	PROBIOTIC + OMEGA-3 CAPS	2	RX/OTC
MAGE CPDR	2		PROBIOTIC 10 ULTRA STRENGTH CAPS	2	RX/OTC
MEGA PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC ACIDOPHILUS CAPS	2	RX/OTC
META BIOTIC/BIO-ACTIVE 12 CAPS	2	RX/OTC	PROBIOTIC BLEND CAPS	2	RX/OTC
MICROFLOR 33 CAPS	2	RX/OTC	PROBIOTIC COLON SUPPORT CAPS	2	RX/OTC
MOMMYS BLISS PROBIOTIC PACK	2		PROBIOTIC DAILY CAPS	2	RX/OTC
MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	2		PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	2	RX/OTC
MVW COMPLETE PROBIOTIC FORMULATION CPDR	2		PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC
NATRUL PROBIOTIC CAPS	2	RX/OTC	PROBIOTIC MATURE ADULT CAPS	2	RX/OTC
NEXABIOTIC CPDR	2		PROBIOTIC PEARLS ADVANTAGE CAPS	2	RX/OTC
PEARLS IC CAPS	2	RX/OTC	PROBIOTIC PEARLS MAX POTENCY CAPS	2	RX/OTC
PHILLIPS COLON HEALTH CAPS	2	RX/OTC	PROBIOTIC PEARLS WOMENS CAPS	2	RX/OTC
PREORBOTIC CAPS	2	RX/OTC	PROBIOTIC PEARLS CAPS	2	RX/OTC
PRIMADOPHILUS BIFIDUS CPDR	2		PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS	2	RX/OTC
PRIMIDAR CAPS	2	RX/OTC	PROBIOTIC+TURMERIC EXTRACT CAPS	2	RX/OTC
PROBINATE CAPS	2	RX/OTC	PROBIOTIC-10 ULTIMATE CAPS	2	RX/OTC
PROBIO DEFENSE CAPS	2	RX/OTC	PROBIOTIC CAPS	2	RX/OTC
PROBIOMAX COMPLETE DF CAPS	2	RX/OTC	PROBITROL CAPS	2	RX/OTC
PROBIOMAX DAILY DF CAPS	2	RX/OTC			
PROBIOMAX IG 26 DF CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROBIZEN CAPS	2	RX/OTC	UP4 PROBIOTICS ADULT CAPS	2	RX/OTC
PRODIGEN CAPS	2	RX/OTC	UP4 PROBIOTICS MENS CAPS	2	RX/OTC
PRO-FLORA IMMUNE CAPS	2	RX/OTC	UP4 PROBIOTICS ULTRA CAPS	2	RX/OTC
PROMELLA IN PREBIOTIC CAPS	2	RX/OTC	UP4 PROBIOTICS WOMENS CAPS	2	RX/OTC
PROMEROL CAPS	2	RX/OTC	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS	2	RX/OTC
QUAD-PROBIOTIC CAPS	2	RX/OTC	VISBIOME PROBIOTIC HIGH POTENCY CAPS	2	RX/OTC
RA PROBIOTIC COLON CARE CAPS	2	RX/OTC	VSL#3 CAPS	2	RX/OTC
RA PROBIOTIC COMPLEX CAPS	2	RX/OTC	WELLPRO 31 CAPS	2	RX/OTC
RA PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	WOMENS 50 BILLION CAPS	2	RX/OTC
RA PROBIOTIC MAXIMUM STRENGTH CAPS	2	RX/OTC	XYBIOTIC CAPS	2	RX/OTC
RESTORA CAPS	2	RX/OTC	ZELAC CAPS	2	RX/OTC
RISAQUAD-2 CAPS	2	RX/OTC	Antidiarrheal/Probiotic Combinations		
RISAQUAD CAPS	2	RX/OTC	CULTURELLE ADULT ULTIMATEBALANCE CAPS	2	
SD PROBIOTIC-10 COMPLEXULTRA CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS	2	
SM ACIDOPHILUS PEARLS CAPS	2	RX/OTC	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS	2	
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	2	
SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CAPS	2	
SUPER PROBIOTIC CAPS	2	RX/OTC	CULTURELLE DIGESTIVE HEALTH CHEW	2	
SUPERIOR PROBIOTIC CAPS	2	RX/OTC	CULTURELLE HEALTH & WELLNESS CAPS	2	
TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	2	RX/OTC			
TRUBIOTICS CAPS	2	RX/OTC			
ULTRAFLOA IMMUNE HEALTH CAPS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS	2	
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	2	
VIActiv DIGESTIVE HEALTH CHEW	2	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	1	QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	2	
<i>deferasirox PACK</i>	1	SP; PA
<i>deferasirox TABS</i>	1	SP; PA
<i>deferasirox TBSO</i>	1	SP; PA
<i>deferiprone TABS</i>	1	SP; PA
FERRIPROX SOLN	2	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	2	SP; PA
BRIDION	2	SP; PA
<i>deferoxamine mesylate</i>	1	SP; PA
SM IPECAC SYRUP	2	
VISTOGARD	2	
Opioid Antagonists		
KLOXXADO LIQD	0	QL(18 ea per 90 days retail); MP
<i>naloxone hcl LIQD</i>	0	QL(18 ea per 90 days retail); MP; RX/OTC
<i>naloxone hcl SOCT</i>	0	QL(18 ml per 90 days retail); MP

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl SOLN 4 MG/10ML</i>	0	QL(180 ml per 90 days retail); MP
<i>naloxone hcl SOLN 0.4 MG/ML</i>	0	QL(18 ml per 90 days retail); MP
<i>naloxone hcl SOSY</i>	0	QL(18 ml per 90 days retail); MP
<i>naltrexone hcl</i>	0	MP
NARCAN LIQD (Use <i>naloxone hcl</i>)	0	QL(18 ea per 90 days retail); MP; RX/OTC
OPVEE NA	0	QL(6 ea per 30 days retail); MP
VIVITROL	0	SP; MP
ZIMHI SOSY	0	QL(9 ml per 90 days retail); MP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	QL(50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(2 ea daily)
<i>ondansetron TBDP</i>	1	QL(2 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	1	RX/OTC
Antiemetics - Miscellaneous		
BONJESTA TBCR	2	
<i>doxylamine-pyridoxine TBEC</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NP	
<i>aprepitant CAPS</i>	1	
<i>aprepitant MISC</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	QL(6 ea daily)
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 120 days retail)
Imidazole-Related Antifungals		
<i>fluconazole SUSP</i>	1	QL(70 ml per fill retail)
<i>fluconazole TABS 200 MG</i>	1	
<i>fluconazole TABS 50 MG</i>	1	QL(7 ea per fill retail)
<i>fluconazole TABS 150 MG</i>	1	QL(2 ea daily)
<i>fluconazole TABS 100 MG</i>	1	QL(1 ea daily)
<i>itraconazole CAPS</i>	1	QL(1 ea daily); PA
<i>itraconazole SOLN</i>	1	PA
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate SYRP</i>	1	QL(60 ml daily)
<i>chlorpheniramine maleate TABS</i>	1	QL(120 ea per fill retail)
<i>dexchlorpheniramine maleate SOLN</i>	1	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY EXTRA STRENGTH TABS	2	QL(4 ea daily)
<i>clemastine fumarate TABS 1.34 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DAYHIST ALLERGY 12 HOUR RELIEF TABS	2	QL(2 ea daily)
<i>diphenhydramine hcl CAPS</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	1	QL(240 ml per fill retail)
<i>diphenhydramine hcl TABS 25 MG</i>	1	QL(4 ea daily)
Antihistamines - Non-Sedating		
<i>cetirizine hcl CAPS</i>	1	
<i>cetirizine hcl CHEW</i>	1	QL(1 ea daily)
<i>cetirizine hcl SOLN OR</i>	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl SYRP OR</i>	1	QL(240 ml per fill retail); RX/OTC
<i>cetirizine hcl TABS</i>	1	QL(1 ea daily)
<i>desloratadine TBDP</i>	1	
<i>fexofenadine hcl SUSP</i>	1	
<i>fexofenadine hcl TABS 60 MG</i>	1	QL(2 ea daily)
<i>fexofenadine hcl TABS 180 MG</i>	1	QL(1 ea daily)
<i>levocetirizine dihydrochloride SOLN</i>	1	RX/OTC
<i>loratadine CAPS</i>	1	
<i>loratadine CHEW</i>	1	
<i>loratadine SOLN</i>	1	QL(240 ml per fill retail)
<i>loratadine TABS</i>	1	
<i>loratadine TBDP 10 MG</i>	1	
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	1	QL(12 ea per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl TABS</i>	1	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	
Antihyperlipidemics - Misc.		
<i>omega-3-acid ethyl esters</i>	1	
Bile Acid Sequestrants		
<i>cholestyramine light PACK</i>	1	MP
<i>cholestyramine light POWD</i>	1	MP
<i>cholestyramine PACK</i>	1	MP
<i>cholestyramine POWD</i>	1	MP
<i>colestipol hcl GRAN</i>	1	MP
<i>colestipol hcl TABS</i>	1	MP
Fibric Acid Derivatives		
<i>fenofibrate micronized 134 MG, 200 MG</i>	1	QL(1 ea daily); MP
<i>fenofibrate micronized 67 MG</i>	1	QL(2 ea daily); MP
<i>fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG</i>	1	
<i>fenofibrate CAPS</i>	2	MP
<i>fenofibrate TABS 54 MG</i>	1	QL(3 ea daily); MP
<i>fenofibrate TABS 40 MG, 120 MG</i>	1	
<i>fenofibric acid</i>	1	
FIBRICOR (Use <i>fenofibric acid</i>)	NP	
<i>gemfibrozil TABS</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NP	MP
HMG CoA Reductase Inhibitors		
ATORVALIQ SUSP	NP	
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>fluvastatin sodium CAPS</i>	1	
<i>fluvastatin sodium TB24</i>	1	
<i>lovastatin TABS 40 MG</i>	1	QL(2 ea daily); MP
<i>lovastatin TABS 10 MG, 20 MG</i>	1	QL(1 ea daily); MP
<i>pravastatin sodium</i>	1	QL(1 ea daily); MP
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	1	QL(1 ea daily); MP
<i>simvastatin TABS 80 MG</i>	1	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	2	SP; PA
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	2	SP; PA
REPATHA SURECLICK SOAJ	2	SP; PA
REPATHA SOSY	2	SP; PA
ANTHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl 40 MG</i>	1	QL(2 ea daily); MP	<i>terazosin hcl</i>	1	MP
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	1	QL(1 ea daily); MP	Antihypertensive Combinations		
<i>captopril</i>	1	QL(3 ea daily); MP	ACCURETIC 12.5 MG-10 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
<i>enalapril maleate TABS</i>	1	QL(2 ea daily); MP	<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily); MP
<i>fosinopril sodium</i>	1	QL(1 ea daily); MP	<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP	<i>amlodipine besylate-valsartan</i>	1	
<i>moexipril hcl</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1		<i>atenolol & chlorthalidone</i>	1	QL(1 ea daily); MP
<i>quinapril hcl</i>	1	QL(1 ea daily); MP	<i>benazepril & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>ramipril CAPS</i>	1	QL(2 ea daily); MP	<i>bisoprolol & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>trandolapril 1 MG, 2 MG</i>	1	QL(1 ea daily); MP	<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>trandolapril 4 MG</i>	1	QL(2 ea daily); MP	<i>captopril & hydrochlorothiazide</i>	1	QL(2 ea daily); MP
Agents for Pheochromocytoma			<i>enalapril maleate & hydrochlorothiazide</i>	1	QL(2 ea daily); MP
<i>metirosine</i>	1	SP; PA	EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	
Angiotensin II Receptor Antagonists			<i>fosinopril sodium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>candesartan cilexetil</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>irbesartan</i>	1	QL(1 ea daily); MP	<i>lisinopril & hydrochlorothiazide</i>	1	MP
<i>losartan potassium</i>	1	QL(1 ea daily); MP	<i>losartan potassium & hydrochlorothiazide</i>	1	QL(1 ea daily); MP
<i>olmesartan medoxomil</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	QL(2 ea daily); MP
<i>telmisartan</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>valsartan SOLN</i>	1				
<i>valsartan TABS</i>	1	QL(1 ea daily); MP			
Antiadrenergic Antihypertensives					
<i>clonidine hcl TABS</i>	1	MP			
<i>doxazosin mesylate</i>	1	MP			
<i>guanfacine hcl</i>	1	MP			
<i>methyldopa TABS</i>	1	MP			
<i>prazosin hcl CAPS</i>	1	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	1	QL(3 ea daily)
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	QL(1 ea daily)
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	QL(1 ea daily); MP
Antihypertensives - Misc.		
VECAMYL	2	SP; PA
Vasodilators		
<i>hydralazine hcl TABS</i>	1	MP
<i>minoxidil 2.5 MG, 10 MG</i>	1	MP
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole TABS</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
<i>methenamine-hyosc-methylene blue-sod phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Carbapenems		
<i>ertapenem sodium IJ</i>	1	SP; PA
Glycopeptides		
<i>vancomycin hcl CAPS 125 MG</i>	1	QL(4 ea daily)
<i>vancomycin hcl CAPS 250 MG</i>	1	QL(8 ea daily)
<i>vancomycin hcl SOLR IV 500 MG</i>	1	QL(0.467 ea daily)
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	QL(300 ml per fill retail)
<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	1	QL(14 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	2	QL(0.467 ea daily)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	2	QL(14 ea per fill retail)
Leprostatics		
<i>dapsone</i>	1	
Lincosamides		
<i>clindamycin hcl 150 MG, 300 MG</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	QL(100 ml per fill retail)
Monobactams		
CAYSTON	NP	SP; PA
Oxazolidinones		
SIVEXTRO TABS	2	QL(6 ea per fill retail); PA
Urinary Anti-infectives		
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	2	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 500 MG</i>	0	QL(8 ea per 56 days retail)
<i>chloroquine phosphate TABS 250 MG</i>	0	QL(2 ea daily); MP
DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP; PA
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	
<i>pyrimethamine</i>	1	SP; PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	2	SP; PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	MP
<i>isoniazid SYRP</i>	1	MP
<i>isoniazid TABS</i>	1	MP
<i>pyrazinamide</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		

Drug Name	Drug Tier	Requirements/Limits
BELRAPZO SOLN	2	SP; PA
<i>bendamustine hcl SOLR</i>	1	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	2	SP; PA
BENDEKA SOLN	2	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i>	1	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	1	SP; PA
CISPLATIN SOLR	2	SP; PA
<i>cyclophosphamide CAPS 50 MG</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
EVOMELA	2	SP; PA
KEMOPLAT SOLN	2	SP; PA
LEUKERAN	2	
<i>melfalan</i>	1	
<i>melfalan hcl</i>	1	SP; PA
MYLERAN TABS	2	
TEMODAR SOLR	2	SP; PA
<i>temozolomide CAPS</i>	1	SP; PA
VIVIMUSTA SOLN	2	SP; PA
YONDELIS	2	SP; PA
Antimetabolites		
<i>azacitidine SUSR</i>	1	SP; PA
<i>capecitabine</i>	1	SP; PA
<i>cladribine 10 MG/10ML</i>	1	SP; PA
<i>cytarabine SOLN</i>	1	SP; PA
<i>decitabine</i>	1	SP; PA
<i>fludarabine phosphate SOLN</i>	1	SP; PA
FLUDARABINE PHOSPHATE SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine phosphate SOLR</i>	1	SP; PA	ADCETRIS	2	SP; PA
FOLOTYN	2	SP; PA	ARZERRA	2	SP; PA
<i>mercaptopurine TABS</i>	1		BLINCYTO	2	SP; PA
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1		DARZALEX	2	SP; PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	MP	EMPLICITI	2	SP; PA
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	1	SP; PA	GAZYVA	2	SP; PA
<i>pralatrexate</i>	1	SP; PA	KADCYLA	2	SP; PA
PURIXAN SUSP	2		KEYTRUDA	2	SP; PA
TABLOID	2	SP; PA	LIBTAYO	2	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	2		LUMOXITI	2	SP; PA
Antineoplastic - Angiogenesis Inhibitors			OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML	2	SP; PA
AVASTIN	2	SP; PA	POLIVY 140 MG	2	SP; PA
CYRAMZA	2	SP; PA	POTELIGEO	2	SP; PA
INLYTA	2	SP; PA	RITUXAN	2	SP; PA
LENVIMA 10 MG DAILY DOSE	2	SP; PA	TECENTRIQ	2	SP; PA
LENVIMA 12MG DAILY DOSE	2	SP; PA	UNITUXIN	2	SP; PA
LENVIMA 14 MG DAILY DOSE	2	SP; PA	YERVOY	2	SP; PA
LENVIMA 18 MG DAILY DOSE	2	SP; PA	ZEVALIN Y-90	2	SP; PA
LENVIMA 20 MG DAILY DOSE	2	SP; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA 24 MG DAILY DOSE	2	SP; PA	KANJINTI 420 MG	2	SP; PA
LENVIMA 4 MG DAILY DOSE	2	SP; PA	PERJETA	2	SP; PA
LENVIMA 8 MG DAILY DOSE	2	SP; PA	Antineoplastic - BCL-2 Inhibitors		
MVASI	2	SP; PA	VENCLEXTA STARTING PACK TBPK	2	SP; PA
ZALTRAP	2	SP; PA	VENCLEXTA TABS	2	SP; PA
Antineoplastic - Antibodies			Antineoplastic - Cellular Immunotherapy		
			KYMRIAH	2	SP; PA
			PROVENGE	2	SP; PA
			YESCARTA	2	SP; PA
			Antineoplastic - EGFR Inhibitors		
			ERBITUX	2	SP; PA
			<i>erlotinib hcl</i>	1	SP; PA
			<i>gefitinib</i>	1	SP; PA
			GILOTRIF	2	SP; PA
			PORTRAZZA	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAGRISSE	2	SP; PA	LUPRON DEPOT (4-MONTH) IM	2	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	2	SP; PA	LUPRON DEPOT (6-MONTH) IM	2	SP; PA
VIZIMPRO	2	SP; PA	LYSODREN	2	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			<i>megestrol acetate SUSP</i>	1	
DAURISMO	2	SP; PA	<i>megestrol acetate TABS</i>	1	
ERIVEDGE	2	SP; PA	<i>tamoxifen citrate TABS</i>	1	MP
ODOMZO	2	SP; PA	<i>toremifene citrate</i>	1	PA
Antineoplastic - Hormonal and Related Agents			TRELSTAR MIXJECT 11.25 MG, 22.5 MG	2	SP; PA
<i>abiraterone acetate</i>	1	SP; PA	TRELSTAR MIXJECT 3.75 MG	2	SP; PA
<i>anastrozole</i>	1	MP	XTANDI CAPS	2	SP; PA
<i>bicalutamide</i>	1	QL(1 ea daily)	ZOLADEX 10.8 MG	2	SP; PA
CAMCEVI	2	SP	ZOLADEX 3.6 MG	2	SP; PA
ELIGARD SC 22.5 MG, 30 MG, 45 MG	2	SP; PA	Antineoplastic - Immunomodulators		
ELIGARD KIT SC 7.5 MG	2	SP; PA	POMALYST	2	SP; PA
EMCYT	2	SP; PA	Antineoplastic Antibiotics		
ERLEADA 60 MG	2	SP; PA	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	2	SP; PA
EULEXIN	2		ELLECE SOLN	2	SP; PA
<i>exemestane</i>	1		<i>mitoxantrone hcl 2 MG/ML</i>	1	SP; PA
FIRMAGON	2	SP; PA	<i>valrubicin</i>	1	SP; PA
<i>flutamide</i>	1		Antineoplastic Combinations		
<i>hydroxyprogesterone caproate (antineoplastic)</i>	1	QL(41.67 ml daily); AL(At least 16 yrs old); SP; PA	HERCEPTIN HYLECTA	2	SP; PA
<i>letrozole</i>	1	QL(1 ea daily); MP	LONSURF	2	SP; PA
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	2	SP; PA	Antineoplastic Enzyme Inhibitors		
LEUPROLIDE ACETATE INJ	2		ALECENSA	2	SP; PA
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	SP; PA	BELEODAQ	2	SP; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	SP; PA	<i>bortezomib SOLR IJ</i>	1	SP; PA
LUPRON DEPOT (3-MONTH) KIT IM	2	SP; PA	BORTEZOMIB SOLR IV 3.5 MG	2	SP; PA
			BOSULIF TABS 100 MG, 500 MG	2	SP; PA
			BRAFTOVI 75 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS	2	SP; PA
CAPRELSA	2	SP; PA
COMETRIQ KIT	2	SP; PA
COTELLIC	2	SP; PA
<i>everolimus TABS</i>	1	SP; PA
<i>everolimus TBSO</i>	1	SP; PA
FARYDAK	2	SP; PA
IBRANCE CAPS	2	SP; PA
ICLUSIG 15 MG, 45 MG	2	SP; PA
<i>imatinib mesylate</i>	1	SP; PA
IMBRUVICA CAPS 70 MG	2	QL(1 ea daily); SP; PA
IMBRUVICA CAPS 140 MG	2	SP; PA
IMBRUVICA TABS	2	QL(1 ea daily); SP; PA
JAKAFI	2	SP; PA
KYPROLIS	2	SP; PA
<i>lapatinib ditosylate</i>	1	SP; PA
LORBRENA	2	SP; PA
MEKINIST TABS	2	SP; PA
MEKTOVI	2	SP; PA
NINLARO	2	SP; PA
<i>pazopanib hcl</i>	1	SP; PA
<i>romidepsin SOLR</i>	1	SP; PA
RUBRACA	2	SP; PA
<i>sorafenib tosylate</i>	1	SP; PA
SPRYCEL	2	SP; PA
STIVARGA	2	SP; PA
<i>sunitinib malate</i>	1	SP; PA
TAFINLAR CAPS	2	SP; PA
TALZENNA 0.25 MG, 1 MG	2	SP; PA
TASIGNA	2	SP; PA
<i>temsirolimus</i>	1	SP; PA
TIBSOVO	2	SP; PA
VITRAKVI CAPS	2	SP; PA
VITRAKVI SOLN	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	2	SP; PA
XALKORI CAPS	2	SP; PA
XOSPATA	2	SP; PA
ZELBORAF	2	SP; PA
ZOLINZA	2	SP; PA
ZYDELIG	2	SP; PA
ZYKADIA TABS	2	SP; PA
Antineoplastic Enzymes		
ONCASPAR	2	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	2	SP; PA
AZEDRA THERAPEUTIC	2	SP; PA
LUTATHERA	2	SP; PA
Antineoplastics Misc.		
ACTIMMUNE	2	SP; PA
ALFERON N	2	SP; PA
<i>arsenic trioxide 12 MG/6ML</i>	1	SP; PA
<i>bexarotene</i>	1	SP; PA
<i>hydroxyurea</i>	1	MP
INTRON A SOLR	2	SP; PA
MATULANE	2	SP; PA
PHOTOFRIN	2	SP; PA
PROLEUKIN	2	SP; PA
SYNRIBO	2	SP; PA
<i>tretinoin (chemotherapy)</i>	1	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 6.25 MG	2	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	1	SP; PA
KHAPZORY	2	SP; PA
<i>leucovorin calcium TABS 5 MG, 25 MG</i>	1	
<i>levoleucovorin calcium SOLN</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium SOLR</i>	1	SP; PA
<i>mesna SOLN</i>	1	SP; PA
MESNEX TABS	2	SP; PA
TOTECT	2	SP; PA
VORAXAZE	2	SP; PA
Mitotic Inhibitors		
ABRAXANE	2	SP; PA
<i>docetaxel CONC 160 MG/8ML</i>	1	SP; PA
DOCETAXEL CONC 160 MG/8ML	2	SP; PA
<i>docetaxel SOLN</i>	1	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	2	SP; PA
<i>etoposide CAPS</i>	1	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	1	SP; PA
HALAVEN	2	SP; PA
IXEMPRA KIT	2	SP; PA
JEVTANA	2	SP; PA
MARQIBO	2	SP; PA
<i>paclitaxel protein-bound particles</i>	1	SP; PA
PACLITAXEL PROTEIN-BOUND PARTICLES	2	SP; PA
<i>vincristine sulfate</i>	1	SP; PA
Oncolytic Viral Agents		
IMLYGIC	2	SP; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	SP; PA
<i>irinotecan hcl</i>	1	SP; PA
<i>topotecan hcl SOLN</i>	1	SP; PA
TOPOTECAN HCL SOLN	2	SP; PA
<i>topotecan hcl SOLR</i>	1	SP; PA
ANTIPARKINSON AND RELATED THERAPY		

Drug Name	Drug Tier	Requirements/Limits
AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	1	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	MP
<i>trihexyphenidyl hcl SOLN</i>	1	MP
<i>trihexyphenidyl hcl TABS</i>	1	MP
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	MP
<i>amantadine hcl SOLN</i>	1	MP
<i>amantadine hcl TABS</i>	1	MP
APOKYN SOCT	2	SP; PA
<i>apomorphine hydrochloride SOCT</i>	1	SP; PA
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	MP
<i>carbidopa-levodopa TBCR</i>	1	MP
DHIVY TABS	2	MP
<i>pramipexole dihydrochloride TABS</i>	1	QL(3 ea daily); AL(At least 18 yrs old)
<i>pramipexole dihydrochloride TB24</i>	1	
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	1	QL(6 ea daily); MP
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	1	QL(3 ea daily); MP
<i>ropinirole hydrochloride TB24</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	1	MP
<i>selegiline hcl TABS</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders					
Antimanic Agents					
<i>lithium</i>	1		<i>risperidone SOLN</i>	1	
<i>lithium carbonate CAPS</i>	1		<i>risperidone TABS</i>	1	
<i>lithium carbonate TABS</i>	1		<i>risperidone TBDP</i>	1	
<i>lithium carbonate TBCR</i>	1		UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	2	SP
LITHOBID TBCR (Use <i>lithium carbonate</i>)	2		UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML	2	SP
Antipsychotics - Misc.			Butyrophenones		
CAPLYTA	NP		<i>haloperidol decanoate</i>	1	
<i>lurasidone hcl</i>	1		<i>haloperidol lactate CONC</i>	1	
NUPLAZID CAPS	2	QL(1 ea daily); PA	<i>haloperidol lactate SOLN</i>	1	
NUPLAZID TABS 10 MG	2	QL(1 ea daily); PA	<i>haloperidol TABS</i>	1	
<i>ziprasidone hcl</i>	1		Dibenzapines		
<i>ziprasidone mesylate</i>	1		<i>clozapine TABS</i>	0	
Benzisoxazoles			<i>clozapine TBDP</i>	0	
INVEGA HAFYERA	2	SP	<i>loxapine succinate</i>	1	
INVEGA SUSTENNA	2	AL(At least 18 yrs old); SP	<i>olanzapine SOLR</i>	1	
INVEGA TRINZA	2	1 rtl MAX fill; 84 rtl day(s) supply; AL(At least 18 yrs old); SP	<i>olanzapine TABS</i>	1	AL(At least 10 yrs old)
<i>paliperidone</i>	1		<i>olanzapine TBDP</i>	1	
RISPERDAL CONSTA (Use <i>risperidone microspheres</i>)	2	1 rtl MAX fill; 14 rtl day(s) supply; QL(2 ea per 28 days retail); AL(At least 18 yrs old); SP	<i>quetiapine fumarate TABS</i>	1	
<i>risperidone microspheres</i>	1	1 rtl MAX fill; 14 rtl day(s) supply; QL(2 ea per 28 days retail); AL(At least 18 yrs old); SP	<i>quetiapine fumarate TB24</i>	1	
			ZYPREXA RELPREVV	NP	SP
			Phenothiazines		
			<i>chlorpromazine hcl TABS</i>	1	
			<i>fluphenazine decanoate</i>	1	
			<i>fluphenazine hcl TABS</i>	1	
			<i>perphenazine TABS</i>	1	
			<i>prochlorperazine</i>	1	
			<i>prochlorperazine edisylate 10 MG/2ML</i>	1	
			<i>prochlorperazine maleate TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl</i>	1		COMPLERA	0	QL(1 ea daily)
<i>trifluoperazine hcl TABS</i>	1		<i>darunavir TABS</i>	0	QL(2 ea daily)
Quinolinone Derivatives			DELSTRIGO	0	QL(1 ea daily)
ABILIFY ASIMTUFII PRSY	2	AL(At least 18 yrs old); SP	DESCOVY 200 MG-25 MG	0	QL(1 ea daily)
ABILIFY MAINTENA PRSY	2	QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP	DESCOVY 120 MG-15 MG	2	
ABILIFY MAINTENA SRER	2	QL(1 ea per 28 days retail); AL(At least 18 yrs old); SP	DOVATO	0	
ABILIFY MYCITE	NP		EDURANT	0	QL(1 ea daily)
ABILIFY MYCITE MAINTENANCE KIT	NP	SP	<i>efavirenz CAPS 50 MG</i>	0	QL(2 ea daily)
ABILIFY MYCITE STARTER KIT	NP	SP	<i>efavirenz CAPS 200 MG</i>	0	QL(1 ea daily)
<i>aripiprazole SOLN OR</i>	1	QL(30 ml daily)	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TABS</i>	1	QL(1 ea daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>aripiprazole TBDP</i>	1	QL(2 ea daily)	<i>efavirenz TABS</i>	0	QL(1 ea daily)
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	2	QL(1 ml per 28 days retail); AL(At least 18 yrs old); SP	<i>emtricitabine CAPS</i>	0	QL(1 ea daily)
Thioxanthenes			<i>emtricitabine-tenofovir disoproxil fumarate</i>	0	QL(1 ea daily)
<i>thiothixene</i>	1		EMTRIVA CAPS (Use <i>emtricitabine</i>)	0	QL(1 ea daily)
ANTIVIRALS - Drugs to Treat Viral Infections			EMTRIVA SOLN	0	QL(24 ml daily)
Antiretrovirals			EPIVIR SOLN (Use <i>lamivudine</i>)	0	QL(30 ml daily)
<i>abacavir sulfate-lamivudine</i>	0	QL(1 ea daily)	EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	0	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	0	QL(30 ml daily)	EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	0	QL(2 ea daily)
<i>abacavir sulfate TABS</i>	0	QL(2 ea daily)	EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	0	QL(1 ea daily)
APTIVUS CAPS	0	QL(4 ea daily)	<i>etravirine 200 MG</i>	0	QL(2 ea daily)
<i>atazanavir sulfate CAPS</i>	0	QL(2 ea daily)	<i>etravirine 100 MG</i>	0	QL(4 ea daily)
BIKTARVY 200 MG-50 MG-25 MG	0	QL(1 ea daily)	EVOTAZ	0	QL(1 ea daily)
BIKTARVY 120 MG-30 MG-15 MG	2		<i>fosamprenavir calcium TABS</i>	0	QL(4 ea daily)
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	0	QL(2 ea daily)	GENVOYA	0	QL(1 ea daily)
			INTELENCE 200 MG (Use <i>etravirine</i>)	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO	0	
TIVICAY TABS	0	
TRIUMEQ PD TBSO	0	
TRIUMEQ TABS	0	
TRIZIVIR	0	QL(2 ea daily)
TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	0	QL(1 ea daily)
TYBOST	0	QL(1 ea daily)
VIRACEPT TABS 625 MG	0	QL(4 ea daily)
VIRACEPT TABS 250 MG	0	QL(9 ea daily)
VIREAD POWD	0	
VIREAD TABS	0	QL(1 ea daily)
VIREAD TABS (Use tenofovir disoproxil fumarate)	0	QL(1 ea daily)
VOCABRIA	0	
ZIAGEN SOLN (Use abacavir sulfate)	0	QL(30 ml daily)
ZIAGEN TABS (Use abacavir sulfate)	0	QL(2 ea daily)
zidovudine CAPS	0	QL(6 ea daily)
zidovudine SYRP	0	QL(60 ml daily)
zidovudine TABS	0	QL(2 ea daily)
Antiviral Combinations		
PAXLOVID 100 MG-150 MG	0	
CMV Agents		
PREVYMIS SOLN	2	SP; PA
PREVYMIS TABS	2	SP; PA
valganciclovir hcl TABS	1	QL(2 ea daily)
Hepatitis Agents		
EPCLUSA PACK	NP	SP; PA
EPCLUSA TABS	NP	SP; PA
HARVONI PACK	NP	SP; PA
HARVONI TABS	NP	SP; PA
LEDIPASVIR/SOFOSBUVIR TABS	2	SP

Drug Name	Drug Tier	Requirements/Limits
MAVYRET PACK	2	SP
MAVYRET TABS	2	SP
PEGASYS SOLN	2	SP; PA
PEGASYS SOSY	2	SP; PA
ribavirin (hepatitis c) CAPS	1	SP; PA
ribavirin (hepatitis c) TABS 200 MG	1	SP; PA
SOFOSBUVIR/VELPATA SVIR TABS	2	SP
SOVALDI PACK	NP	SP; PA
SOVALDI TABS	NP	SP; PA
VIEKIRA PAK TBPk	NP	SP; PA
VOSEVI	NP	SP; PA
ZEPATIER	NP	SP; PA
Herpes Agents		
acyclovir CAPS	1	QL(50 ea per 30 days retail)
acyclovir SUSP	1	QL(400 ml per 30 days retail)
acyclovir TABS OR 400 MG	1	QL(3 ea daily)
acyclovir TABS OR 800 MG	1	QL(50 ea per 30 days retail)
famciclovir	1	
valacyclovir hcl 1 GM, 1000 MG	1	QL(42 ea per 21 days retail)
valacyclovir hcl 500 MG	1	QL(2 ea daily)
Influenza Agents		
oseltamivir phosphate CAPS 45 MG, 75 MG	1	QL(10 ea per fill retail)
oseltamivir phosphate CAPS 30 MG	1	QL(20 ea per fill retail)
oseltamivir phosphate SUSP	1	QL(120 ml per fill retail)
rimantadine hydrochloride TABS	1	PA
XOFLUZA	NP	
Misc. Antivirals		

Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO	0	
TPOXX CAPS	2	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 25 MG</i>	1	QL(4 ea daily); MP
<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	1	QL(3 ea daily); MP
<i>carvedilol phosphate</i>	1	QL(1 ea daily); MP
<i>labetalol hcl TABS 200 MG</i>	1	QL(6 ea daily); MP
<i>labetalol hcl TABS 100 MG</i>	1	QL(3 ea daily); MP
<i>labetalol hcl TABS 300 MG</i>	1	QL(8 ea daily); MP
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	MP
<i>atenolol TABS</i>	1	QL(2 ea daily); MP
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily); MP
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	1	QL(4 ea daily); MP
<i>metoprolol succinate TB24 200 MG</i>	1	QL(2 ea daily); MP
<i>metoprolol tartrate TABS 100 MG</i>	1	QL(4.5 ea daily); MP
<i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>	1	
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	1	QL(4 ea daily); MP
Beta Blockers Non-Selective		
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	MP
<i>pindolol TABS</i>	1	MP
<i>propranolol hcl CP24</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	MP
<i>propranolol hcl TABS</i>	1	MP
<i>sotalol hcl (afib/af)</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	1	QL(2 ea daily); MP
<i>sotalol hcl TABS 240 MG</i>	1	MP
<i>timolol maleate TABS</i>	1	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl coated beads CP24 240 MG</i>	1	QL(2 ea daily); MP
<i>diltiazem hcl coated beads CP24 360 MG</i>	1	MP
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl extended release beads</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl CP12</i>	1	QL(2 ea daily); MP
<i>diltiazem hcl CP24 180 MG</i>	1	MP
<i>diltiazem hcl CP24 120 MG, 240 MG</i>	1	QL(1 ea daily); MP
<i>diltiazem hcl TABS</i>	1	QL(3 ea daily); MP
<i>diltiazem hcl TB24</i>	1	MP
<i>felodipine</i>	1	QL(1 ea daily); MP
<i>isradipine CAPS</i>	1	
<i>levamlodipine maleate</i>	1	
<i>nicardipine hcl CAPS</i>	1	MP
<i>nifedipine CAPS</i>	1	QL(4 ea daily); MP
<i>nifedipine TB24 60 MG</i>	1	QL(2 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine TB24 30 MG, 90 MG</i>	1	QL(1 ea daily); MP
<i>nimodipine CAPS</i>	1	
<i>nisoldipine</i>	1	
NORLIQVA SOLN	NP	
<i>verapamil hcl CP24 300 MG</i>	1	MP
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily); MP
<i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	1	QL(2 ea daily); MP
<i>verapamil hcl TABS</i>	1	QL(3 ea daily); MP
<i>verapamil hcl TBCR</i>	1	QL(2 ea daily); MP
VERAPAMIL HYDROCHLORIDE ER CP24 (Use <i>verapamil hcl</i>)	2	QL(2 ea daily); MP
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NP	QL(2 ea daily); MP
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i>)	NP	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	MP
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	1	MP
LANOXIN TABS 125 MCG, 250 MCG (Use <i>digoxin</i>)	2	MP
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	1	
ENTRESTO	2	

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	1	SP; PA
ORENITRAM TITRATION KIT MONTH 1 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 2 TEPK	NP	SP
ORENITRAM TITRATION KIT MONTH 3 TEPK	NP	SP
REMODULIN SOLN IJ	NP	SP; PA
<i>treprostinil SOLN IJ</i>	1	SP; PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	1	SP; PA
<i>bosentan TABS</i>	1	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
LIQREV SUSP	NP	SP
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSP</i>	1	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; PA
TADLIQ SUSP	NP	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 ea daily); SP; PA
VYNDAQEL	2	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Infections					
Cephalosporins - 1st Generation					
<i>cefadroxil CAPS</i>	1		<i>desogestrel & ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefadroxil SUSR</i>	1				
<i>cefadroxil TABS</i>	1		<i>desogestrel-ethinyl estradiol (biphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cephalexin CAPS 250 MG, 500 MG</i>	1				
<i>cephalexin SUSR</i>	1		<i>desogestrel-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Cephalosporins - 2nd Generation					
CEFACTOR ER TB12	2		<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefaclor CAPS</i>	1				
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	1		<i>drospirenone-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefprozil SUSR</i>	1	QL(75 ml per fill retail); AL(Up to 12 yrs old)	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefprozil TABS</i>	1	QL(20 ea per fill retail)			
<i>cefuroxime axetil TABS</i>	1	QL(20 ea per fill retail)	<i>ethynodiol diacet & eth estrad</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1	QL(20 ea per fill retail)	<i>levonorgestrel & eth estradiol TABS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefdinir SUSR</i>	1	QL(60 ml per fill retail)			
<i>cefixime CAPS</i>	1		<i>levonorgestrel-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(3 ea per fill retail)			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone & ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acet & eth estra</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
LO LOESTRIN FE TABS	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
NATAZIA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norethindrone-eth estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CAPS</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe CHEW</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	TYBLUME CHEW	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
<i>norethindrone & eth estradiol 35 MCG-1 MG</i>	0		Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethinyl estradiol</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
Combination Contraceptives - Vaginal					
<i>etonogestrel-ethinyl estradiol</i>	0	PV	<i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV
Copper Contraceptives - IUD					
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	Progestin Contraceptives - IUD		
Emergency Contraceptives			KYLEENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
ELLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	LILETTA 20.1 MCG/DAY	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV	MIRENA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
Progestin Contraceptives - Implants			SKYLA	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV
NEXPLANON	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV	Progestin Contraceptives - Oral		
Progestin Contraceptives - Injectable			<i>norethindrone (contraceptive)</i>	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV
DEPO-SUBQ PROVERA 104 SUSY SC	0	Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ml per fill retail); PV			

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide TB24</i>	1	
CORTISONE ACETATE TABS	2	
<i>deflazacort TABS</i>	1	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>	1	QL(150 ml per 30 days retail)
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	1	QL(150 ml per 30 days retail)
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>	1	
EMFLAZA SUSP	2	SP; PA
<i>hydrocortisone TABS</i>	1	
<i>methylprednisolone TABS 4 MG, 8 MG</i>	1	
<i>methylprednisolone TBPk</i>	1	
<i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>	1	QL(240 ml per fill retail)
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML</i>	1	
<i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>	1	QL(150 ml per fill retail)
<i>prednisolone SOLN</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZILRETTA SRER	2	SP; PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 200 MG</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(1 ea daily); AL(At least 10 yrs old)
<i>benzonatate 100 MG</i>	1	AL(At least 10 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph ELIX</i>	1	QL(120 ml per fill retail)
<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	1	QL(120 ml per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	1	QL(240 ml per fill retail)
<i>guaifenesin-codeine SOLN</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(240 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>guaifenesin-codeine SYRP</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(240 ml per fill retail)	<i>adapalene-benzoyl peroxide GEL</i>	1	
MAXI-TUSS PE LIQD	2		<i>adapalene CREA</i>	1	
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	1	QL(240 ml per fill retail)	<i>adapalene GEL</i>	1	
<i>phenylephrine-dm SOLN</i>	1	QL(240 ml per fill retail)	ADAPALENE SOLN	2	
<i>promethazine & phenylephrine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 2 yrs old)	<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	1	
<i>promethazine w/codeine SOLN</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)	<i>benzoyl peroxide LIQD 5 %, 10 %</i>	1	
<i>promethazine w/codeine SYRP</i>	1	QL(240 ml per fill retail); AL(At least 6 yrs old)	<i>clindamycin phosphate (topical) GEL</i>	1	QL(75 gm per fill retail)
<i>pseudoephedrine-ibuprofen TABS</i>	1		<i>clindamycin phosphate (topical) LOTN</i>	1	QL(60 ml per fill retail)
Expectorants			<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>potassium iodide (expectorant) SOLN</i>	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
Misc. Respiratory Inhalants			<i>clindamycin phosphate-benzoyl peroxide GEL</i>	1	
<i>sodium chloride (inhalant) AERS</i>	1	QL(240 ml per fill retail)	<i>clindamycin phosphate-tretinoin</i>	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>	1		DIFFERIN LOTN	2	
Mucolytics			<i>erythromycin (acne aid) GEL</i>	1	QL(60 gm per fill retail)
<i>acetylcysteine SOLN</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>isotretinoin 10 MG, 20 MG, 40 MG</i>	1	QL(2 ea daily); AL(At least 12 yrs old)
Acne Products			RETIN-A CREA (<i>Use tretinoin</i>)	2	QL(20 gm per fill retail); AL(Up to 35 yrs old)
ABSORICA 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old)	RETIN-A GEL 0.025 % (<i>Use tretinoin</i>)	2	AL(Up to 35 yrs old)
ACNE MEDICATION 10 LOTN	2		RETIN-A GEL 0.01 % (<i>Use tretinoin</i>)	2	QL(15 gm per fill retail); AL(Up to 35 yrs old)
ACNE MEDICATION 5 LOTN	2		<i>sulfacetamide sodium (acne)</i>	1	QL(120 ml per fill retail)
			<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(60 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	1	QL(30 gm per fill retail)
<i>tretinoin microsphere</i>	1	
<i>tretinoin CREA 0.025 %</i>	1	AL(Up to 35 yrs old)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.01 %</i>	1	QL(15 gm per fill retail); AL(Up to 35 yrs old)
<i>tretinoin GEL 0.05 %</i>	1	
<i>tretinoin GEL 0.025 %</i>	1	AL(Up to 35 yrs old)
Antibiotics - Topical		
<i>bacitracin (topical) OINT</i>	1	QL(453.9 ea per fill retail)
<i>bacitracin zinc OINT</i>	1	QL(453.6 ea per fill retail)
CENTANY OINT	NP	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) CREA</i>	1	QL(30 gm per fill retail)
<i>gentamicin sulfate (topical) OINT</i>	1	QL(30 gm per fill retail)
<i>mupirocin calcium (topical)</i>	1	
<i>mupirocin OINT</i>	1	QL(30 gm per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	1	QL(56 ea per fill retail)
<i>neomycin-polymyxin w/ pramoxine</i>	1	QL(28.3 gm per fill retail)
Antifungals - Topical		
<i>ciclopirox SOLN</i>	1	PA
<i>clotrimazole (topical) CREA</i>	1	QL(60 gm per fill retail); RX/OTC
<i>clotrimazole (topical) SOLN</i>	1	QL(60 ml per fill retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(30 ml per fill retail)
<i>econazole nitrate CREA</i>	1	QL(85 gm per fill retail)
<i>ketoconazole (topical) CREA</i>	1	QL(60 gm per fill retail)
<i>ketoconazole (topical) SHAM 2 %</i>	1	QL(120 ml per fill retail)
<i>luliconazole</i>	2	PA
LUZU (Use <i>luliconazole</i>)	NP	PA
<i>miconazole nitrate (topical) CREA</i>	1	QL(92 gm per fill retail)
NIZORAL SHAM	2	QL(200 ml per fill retail)
<i>nystatin (topical) CREA</i>	1	QL(30 gm per fill retail)
<i>nystatin (topical) OINT</i>	1	QL(30 gm per fill retail)
<i>nystatin (topical) POWD EX</i>	1	QL(60 gm per fill retail)
<i>nystatin-triamcinolone CREA</i>	1	QL(60 gm per fill retail)
<i>nystatin-triamcinolone OINT</i>	1	QL(60 gm per fill retail)
<i>oxiconazole nitrate CREA</i>	1	PA
<i>terbinafine hcl (topical) CREA</i>	1	QL(42 gm per fill retail)
<i>tolnaftate CREA</i>	1	QL(30 gm per fill retail)
Antihistamines-Topical		
ITCH RELIEF CREA	2	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) GEL EX</i>	1	QL(6.68 gm daily); RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	SP; PA
CARAC CREA (Use <i>fluorouracil (topical)</i>)	2	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) CREA 5 %</i>	1	QL(40 gm per fill retail)
<i>fluorouracil (topical) CREA 0.5 %</i>	1	QL(30 gm per fill retail)
<i>fluorouracil (topical) SOLN</i>	1	QL(10 ml per fill retail)
LEVULAN KERASTICK SOLR	2	SP; PA
Antipruritics - Topical		
<i>camphor & menthol LOTN</i>	1	QL(59 ml per fill retail)
Antipsoriatics		
<i>calcipotriene CREA</i>	1	QL(60 gm per fill retail)
<i>calcipotriene FOAM</i>	1	
CALCIPOTRIENE FOAM	1	
<i>calcipotriene OINT</i>	1	
<i>calcipotriene SOLN</i>	1	QL(60 ml per fill retail)
COSENTYX SENSOREADY PEN SOAJ	NP	SP; PA
COSENTYX UNOREADY SOAJ	NP	SP; PA
COSENTYX SOLN	NP	SP; PA
COSENTYX SOSY	NP	SP; PA
SKYRIZI PEN SOAJ	NP	SP; PA
SKYRIZI SOSY	NP	SP; PA
SORILUX FOAM	NP	
SOTYKTU	NP	SP; PA
SPEVIGO SOLN	NP	SP; PA
<i>tazarotene CREA</i>	1	QL(60 gm per fill retail); AL(Up to 21 yrs old)
VTAMA	NP	
ZORYVE	NP	
Antiseborrheic Products		
<i>selenium sulfide LOTN 2.5 %</i>	1	QL(120 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide LOTN 1 %</i>	1	QL(240 ml per fill retail)
<i>selenium sulfide SHAM 1 %</i>	1	QL(240 ml per fill retail)
<i>sulfacetamide sodium LIQD</i>	1	QL(480 gm per fill retail)
Antivirals - Topical		
<i>acyclovir topical CREA</i>	1	QL(1 gm daily)
<i>acyclovir topical OINT</i>	1	
DENAVIR (<i>Use penciclovir</i>)	2	
<i>penciclovir</i>	1	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	2	QL(1 gm daily)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	2	
Burn Products		
<i>silver sulfadiazine</i>	1	QL(85 gm per fill retail)
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide CREA</i>	1	
<i>amcinonide LOTN</i>	1	
<i>amcinonide OINT</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1	1 rtl pack lmt amt; 30 rtl pack lmt day(s)
<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1	QL(50 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLODERM (Use <i>clocortolone pivalate</i>)	NP	
<i>betamethasone dipropionate augmented OINT</i>	1		CORDRAN OINT	2	
<i>betamethasone valerate CREA</i>	1	QL(45 gm per fill retail)	<i>desonide CREA</i>	1	1 rtl pack lmt per fill
<i>betamethasone valerate FOAM</i>	1		<i>desonide LOTN</i>	1	
<i>betamethasone valerate LOTN</i>	1	QL(60 ml per fill retail)	<i>desonide OINT</i>	1	1 rtl pack lmt per fill
<i>betamethasone valerate OINT</i>	1	QL(45 gm per fill retail)	<i>desoximetasone CREA 0.25 %</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1		<i>desoximetasone CREA 0.05 %</i>	1	QL(60 gm per fill retail)
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1		<i>desoximetasone GEL</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1	QL(60 gm per fill retail)	<i>desoximetasone LIQD</i>	1	
<i>clobetasol propionate emulsion</i>	1		<i>desoximetasone OINT</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1	QL(60 gm per fill retail)	<i>diflorasone diacetate CREA</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate FOAM</i>	1		<i>diflorasone diacetate OINT</i>	1	QL(60 gm per fill retail)
<i>clobetasol propionate GEL 0.05 %</i>	1	QL(60 gm per fill retail)	EPIFOAM FOAM	2	
<i>clobetasol propionate LIQD</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1	QL(60 gm per fill retail)	<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1	QL(50 ml per fill retail)	<i>fluocinonide emulsified base</i>	1	QL(60 gm per fill retail)
			<i>fluocinonide CREA 0.05 %</i>	1	QL(60 gm per fill retail)
			<i>fluocinonide CREA 0.1 %</i>	1	
			<i>fluocinonide GEL</i>	1	QL(60 gm per fill retail)
			<i>fluocinonide OINT</i>	1	QL(60 gm per fill retail)
			<i>fluocinonide SOLN</i>	1	QL(60 ml per fill retail)
			<i>flurandrenolide CREA</i>	1	
			<i>flurandrenolide LOTN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate</i> CREA 0.05 %	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate</i> LOTN	1	
<i>fluticasone propionate</i> LOTN	1		<i>hydrocortisone butyrate</i> OINT	1	
<i>fluticasone propionate</i> OINT	1	QL(60 gm per fill retail)	<i>hydrocortisone butyrate</i> SOLN	1	QL(60 ml per fill retail)
<i>halcinonide</i> CREA	1		<i>hydrocortisone valerate</i> CREA	1	
<i>halobetasol propionate</i> CREA	1		<i>hydrocortisone valerate</i> OINT	1	
<i>halobetasol propionate</i> FOAM	2		HYDROCORTISONE CREA	2	
<i>halobetasol propionate</i> FOAM	1		IMPEKLO LOTN	NP	
<i>halobetasol propionate</i> OINT	1		LOCOID LIPOCREAM	2	
<i>hydrocortisone (topical)</i> CREA 1 %	1	QL(85.2 gm per fill retail); RX/OTC	<i>mometasone furoate</i> CREA	1	QL(50 gm per fill retail)
<i>hydrocortisone (topical)</i> CREA 0.5 %	1	QL(30 gm per fill retail)	<i>mometasone furoate</i> OINT	1	QL(45 gm per fill retail)
<i>hydrocortisone (topical)</i> CREA 2.5 %	1	QL(453.6 gm per fill retail)	<i>mometasone furoate</i> SOLN	1	QL(60 ml per fill retail)
<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	QL(59 ml per fill retail)	<i>prednicarbate</i> OINT	1	QL(60 gm per fill retail)
<i>hydrocortisone (topical)</i> LOTN 1 %	1	QL(99 gm per fill retail)	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NP	
<i>hydrocortisone (topical)</i> OINT 0.5 %	1		<i>triamcinolone acetonide (topical)</i> AERS	1	
<i>hydrocortisone (topical)</i> OINT 2.5 %	1	QL(454 gm per fill retail)	<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	1	QL(160 gm per fill retail)
<i>hydrocortisone (topical)</i> OINT 1 %	1	QL(2 gm daily; 56 gm per fill retail); RX/OTC	<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	1	QL(15 gm per fill retail)
<i>hydrocortisone (topical)</i> SOLN 1 %	1		<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	1	QL(85.2 gm per fill retail)
<i>hydrocortisone acetate (topical)</i> CREA 1 %	1		<i>triamcinolone acetonide (topical)</i> LOTN	1	QL(60 ml per fill retail)
<i>hydrocortisone acetate (topical)</i> OINT	1		<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	1	QL(15 gm per fill retail)
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	1	
<i>hydrocortisone butyrate</i> CREA	1		<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.1 %	1	QL(80 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide-dimethicone-silicone</i>	1	
Eczema Agents		
ADBRY	NP	SP; PA
CIBINQO	NP	SP; PA
DUPIXENT SOPN	2	SP; PA
DUPIXENT SOSY 100 MG/0.67ML	2	SP; PA
OPZELURA	NP	PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	1	QL(85.05 gm per fill retail); RX/OTC
<i>urea LOTN 40 %</i>	1	QL(325 gm per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	1	QL(57 gm per fill retail); RX/OTC
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL (<i>Use pimecrolimus</i>)	2	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	1	PA
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(1 gm daily); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
<i>podofilox SOLN</i>	1	QL(4 ml per fill retail)
<i>salicylic acid GEL 6 %</i>	1	QL(40 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
Local Anesthetics - Topical		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	1	QL(60 gm per fill retail)
<i>capsaicin CREA 0.1 %</i>	1	QL(56.6 gm per fill retail)
CAPZASIN-P CREA	2	QL(42.5 gm per fill retail)
CASTIVA WARMING LOTN	2	QL(113 gm per fill retail)
<i>dibucaine</i>	1	QL(56.7 gm per fill retail)
<i>lidocaine hcl CREA 3 %</i>	1	QL(85 gm per fill retail)
<i>lidocaine hcl CREA 4 %</i>	1	QL(63 gm per fill retail)
<i>lidocaine hcl GEL 2 %</i>	1	QL(85 gm per fill retail); RX/OTC
<i>lidocaine hcl PRSY</i>	1	QL(85 ml per fill retail)
<i>lidocaine CREA 4 %</i>	1	QL(76.5 gm per fill retail)
LIDOCAINE CREA	2	QL(85 gm per fill retail)
<i>lidocaine-prilocaine CREA</i>	1	QL(5800 gm per fill retail)
RA ARTHRITIS PAIN RELIEF CREA	2	QL(60 gm per fill retail)
Misc. Topical		
<i>lanolin (topical) CREA</i>	1	
<i>lanolin (topical) OINT</i>	1	
LANOLOR CREA	2	
<i>zinc oxide (topical) OINT 20 %</i>	1	QL(60 gm per fill retail)
Rosacea Agents		
<i>metronidazole (topical) CREA</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) LOTN</i>	1	
Scabicides & Pediculicides		

Drug Name	Drug Tier	Requirements/Limits
LICEMD GEL	2	
<i>malathion</i>	1	2 rtl MAX fill; 30 rtl day(s) supply; QL(59 ml per fill retail)
NATROBA (Use <i>spinosad</i>)	2	2 rtl MAX fill; 30 rtl day(s) supply; QL(120 ml per fill retail); AL(At least 2 yrs old)
NIX LICE KILLING SPRAY LIQD XX	2	
<i>permethrin AERO</i>	1	
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
<i>permethrin LIQD EX</i>	1	
<i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %</i>	1	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	1	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	1	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	2	
SCHOOLTIME SHAMPOO SHAM	2	
<i>spinosad</i>	1	2 rtl MAX fill; 30 rtl day(s) supply; QL(120 ml per fill retail); AL(At least 2 yrs old)
Tar Products		
<i>coal tar extract SHAM 0.5 %</i>	1	
Wound Care Products		
APLIGRAF DISK	2	PA
DIAGNOSTIC PRODUCTS		

Drug Name	Drug Tier	Requirements/Limits
Diagnostic Drugs		
<i>cosyntropin SOLR</i>	1	SP; PA
THYROGEN 0.9 MG	2	SP; PA
Diagnostic Tests		
ACCUA SARS-COV-2	CO	
ACST KIT	CO	RX/OTC
ADVIN COVID-19 ANTIGEN HOME TEST KIT	CO	
BD VERITOR AT-HOME COVID-19 TEST KIT	CO	
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2	CO	
BINAXNOW COVID-19 AG CARD	CO	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	CO	
CARESTART COVID-19 ANTIGEN HOME TEST KIT	CO	
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	CO	
CHEMSTRIP-K STRP	2	
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	CO	
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	CO	
COBAS LIAT SARS-COV-2 ASSAY	CO	
COBAS LIAT SARS-COV-2 CONTROL	CO	RX/OTC
COVID-19 AG TEST KIT	CO	
COVID-19 AT-HOME TEST KIT KIT	CO	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	CO	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	CO		KETONE STRP	2	
CVS COVID-19 AT HOME TESTKIT KIT	CO		KETOSTIX STRP	2	
ECOTEST COVID -19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC	LUCIRA CHECK IT COVID-19TEST KIT KIT	CO	RX/OTC
ELLUME COVID-19 HOME TEST KIT	CO		LUCIRA COVID-19 ALL-IN-ONE TEST KIT KIT	CO	RX/OTC
FASTEP COVID-19 ANTIGEN HOME TEST KIT	CO		LYRA DIRECT SARS-COV-2 ASSAY	CO	
FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	CO	RX/OTC	LYRA SARS-COV-2 ASSAY	CO	
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	CO		ON/GO COVID-19 ANTIGEN SELF-TEST KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	CO		ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	CO	
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	CO		ONETOUCH ULTRA STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	CO		ONETOUCH VERIO TEST STRIPS STRP	2	INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC
ID NOW COVID-19	CO		PILOT COVID-19 AT-HOME TEST KIT	CO	
ID NOW COVID-19 2.0	CO		QUICKVUE AT-HOME COVID-19 TEST KIT	CO	
ID NOW COVID-19 2.0 CONTROL SWAB KIT	CO	RX/OTC	QUICKVUE SARS ANTIGEN TEST	CO	
ID NOW COVID-19 CONTROL SWAB KIT	CO	RX/OTC	RAPID RESPONSE COVID-19	CO	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	CO				
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	CO				
INTELISWAB COVID-19 RAPID TEST KIT	CO				
KETONE TEST STRIPS STRP	2				

Drug Name	Drug Tier	Requirements/Limits
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	CO	
RELION KETONE TEST STRIPS STRP	2	
SOFIA SARS ANTIGEN FIA	CO	
SOFIA2 SARS ANTIGEN FIA	CO	
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	CO	
XPERT XPRESS SARS-COV-2	CO	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID	2	SP; PA
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	MP
<i>acetazolamide TABS</i>	1	MP
<i>methazolamide TABS</i>	1	MP
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide</i>	1	MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	QL(1 ea daily); MP
<i>triamterene & hydrochlorothiazide TABS</i>	1	QL(1 ea daily); MP
Loop Diuretics		
<i>bumetanide TABS</i>	1	MP
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	MP
<i>furosemide TABS</i>	1	MP
SOANZ TABS 20 MG	2	MP
<i>torseamide TABS 20 MG</i>	1	MP
<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	1	QL(1 ea daily); MP
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	QL(4 ea daily)
<i>spironolactone TABS</i>	1	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	MP
<i>hydrochlorothiazide CAPS</i>	1	MP
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	MP
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	MP
<i>metolazone</i>	1	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	QL(10.8 ml daily); MP
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) NA</i>	1	QL(4 ml per 30 days retail)
<i>calcitonin (salmon) IJ</i>	1	QL(2 ml per 30 days retail)
EVENITY	2	SP; PA
<i>ibandronate sodium SOLN</i>	1	SP; PA
<i>ibandronate sodium TABS</i>	1	PA
NATPARA	2	SP; PA
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	1	SP; PA
PAMIDRONATE DISODIUM SOLN	2	SP; PA
PROLIA SOSY	2	SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>risedronate sodium TABS 35 MG</i>	1	4 per 28 days; QL(4 ea per 28 days retail)
<i>risedronate sodium TABS 150 MG</i>	1	
<i>risedronate sodium TBEC</i>	1	
<i>teriparatide (recombinant) SOPN</i>	1	SP; PA
XGEVA SOLN	2	SP; PA
<i>zoledronic acid CONC</i>	1	SP; PA
<i>zoledronic acid SOLN 5 MG/100ML</i>	1	SP; PA
<i>zoledronic acid SOLN 4 MG/100ML</i>	1	SP; PA
ZOLEDRONIC ACID SOLN	2	SP; PA
Corticotropin		
ACTHAR	2	SP; PA
CORTROPHIN	2	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	2	PA
NOVAREL IM 5000 UNIT	2	PA
PREGNYL IM	2	PA

Drug Name	Drug Tier	Requirements/Limits
PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	2	PA
GnRH/LHRH Antagonists		
ORLISSA	2	SP; PA
Growth Hormone Receptor Antagonists		
SOMAVERT	2	SP; PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	2	SP; PA
GENOTROPIN CART SC	2	SP; PA
NGENLA	NP	SP; PA
NORDITROPIN FLEXPRO SOPN	2	SP; PA
OMNITROPE SOCT	NP	SP; PA
SKYTROFA	NP	SP; PA
SOGROYA	NP	SP; PA
Hormone Receptor Modulators		
<i>raloxifene hcl</i>	1	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	2	SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	2	SP; PA
LUPRON DEPOT-PED (1-MONTH)	2	SP; PA
LUPRON DEPOT-PED (3-MONTH)	2	SP; PA
LUPRON DEPOT-PED (6-MONTH) IM	2	SP
SUPPRELIN LA	NP	SP; PA
SYNAREL	2	SP; PA
Metabolic Modifiers		
ALDURAZYME	2	SP; PA
<i>betaine</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	2	SP; PA	STRENSIQ	2	SP; PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	2	SP; PA	VIMIZIM	2	SP; PA
<i>calcitriol CAPS</i>	1		Posterior Pituitary Hormones		
CARBAGLU (<i>Use carglumic acid</i>)	CO		<i>desmopressin acetate spray</i>	1	QL(5 ml per fill retail)
<i>carglumic acid</i>	CO		<i>desmopressin acetate spray refrigerated</i>	1	QL(5 ml per fill retail)
<i>cinacalcet hcl</i>	1	SP; PA	<i>desmopressin acetate SOLN IJ</i>	1	SP; PA
CRYSVITA	CO		DESMOPRESSIN ACETATE SOLN NA	CO	
ELAPRASE	2	SP; PA	<i>desmopressin acetate TABS</i>	1	QL(6 ea daily)
FABRAZYME	2	SP; PA	STIMATE SOLN NA	CO	
GALAFOLD	2	QL(0.5 ea daily); SP; PA	Somatostatic Agents		
KANUMA	2	SP; PA	LANREOTIDE ACETATE	2	SP; PA
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	QL(30 ml daily)	<i>octreotide acetate SOLN</i>	1	SP; PA
<i>levocarnitine (metabolic modifiers) TABS</i>	1	QL(3 ea daily)	<i>octreotide acetate SOSY</i>	1	SP; PA
LUMIZYME	2	SP; PA	SANDOSTATIN LAR DEPOT KIT	2	SP; PA
MYALEPT	2	SP; PA	SIGNIFOR	2	SP; PA
NAGLAZYME	2	SP; PA	SIGNIFOR LAR	2	SP; PA
<i>nitisinone CAPS</i>	1	SP; PA	SOMATULINE DEPOT	2	SP; PA
OLPRUVA THPK	NP	SP	Vasopressin Receptor Antagonists		
ORFADIN SUSP	2	SP; PA	JYNARQUE TABS	2	SP; PA
PALYNZIQ	2	SP; PA	JYNARQUE TBPK	2	SP; PA
<i>paricalcitol SOLN</i>	1	SP; PA	<i>tolvaptan TABS</i>	1	SP; PA
PARSABIV	2	SP; PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
PHEBURANE PLLT	2	PA	Estrogen Combinations		
RAVICTI	CO		COMBIPATCH PTTW	2	QL(8 ea per 28 days retail)
REVCOVI	2	SP; PA	<i>estradiol & norethindrone acetate TABS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	1	SP; PA	MYFEMBREE	2	
<i>sapropterin dihydrochloride TABS</i>	1	SP; PA	<i>norethindrone acetate-ethinyl estradiol</i>	0	
<i>sodium phenylbutyrate POWD</i>	1	SP; PA	ORIAHNN	2	PA
<i>sodium phenylbutyrate TABS</i>	1	SP; PA			

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)
Estrogens		
ALORA PTTW	2	QL(0.29 ea daily); MP
<i>estradiol PTTW</i>	1	QL(0.29 ea daily); MP
<i>estradiol PTWK</i>	1	QL(0.143 ea daily); MP
<i>estradiol TABS</i>	1	MP
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	
<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(6 ea per fill retail)
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(1 ea daily; 14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG, 400 MG</i>	1	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
<i>simethicone CHEW 80 MG</i>	1	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	1	QL(30 ml per fill retail)
<i>simethicone SUSP</i>	1	QL(45 ml per fill retail)
Bile Acid Synthesis Disorder Agents		

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	2	QL(5 ea daily); SP; PA
Farnesoid X Receptor (FXR) Agonists		
OICALIVA	2	SP; PA
Gallstone Solubilizing Agents		
CHENODAL	2	SP; PA
<i>ursodiol CAPS</i>	1	QL(3 ea daily); MP
<i>ursodiol TABS 250 MG</i>	1	QL(7 ea daily); MP
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS 5 MG</i>	1	MP
<i>metoclopramide hcl TABS 10 MG</i>	1	
Inflammatory Bowel Agents		
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	QL(3 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily)
CANASA SUPP (<i>Use mesalamine</i>)	2	
ENTYVIO SOPN	NP	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	2	
<i>mesalamine w/ cleanser</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	
<i>mesalamine TBEC 800 MG</i>	1	QL(3 ea daily)
SKYRIZI SOCT	NP	SP; PA
SKYRIZI SOLN	NP	SP; PA
<i>sulfasalazine TABS</i>	1	MP
<i>sulfasalazine TBEC</i>	1	MP

Drug Name	Drug Tier	Requirements/ Limits
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	1	PA
IBSRELA	NP	PA
LINZESS	2	PA
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	1	MP
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>lanthanum carbonate CHEW</i>	1	
RENAGEL (Use <i>sevelamer hcl</i>)	2	
RENVELA TABS (Use <i>sevelamer carbonate</i>)	2	
<i>sevelamer carbonate PACK</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	CO	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	1	
<i>potassium citrate-citric acid PACK</i>	1	
<i>sodium citrate & citric acid</i>	1	QL(16.67 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Cystinosis Agents		
CYSTAGON CAPS	2	SP; PA
PROCYSBI CPDR	CO	
PROCYSBI PACK	CO	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	NP	
<i>finasteride</i>	1	QL(1 ea daily); MP
RAPAFLO 4 MG (Use <i>silodosin</i>)	NP	
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	1	
Urinary Stone Agents		
<i>tiopronin TABS</i>	1	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	2	SP; PA
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	MP
Gout Agents		
<i>allopurinol</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>colchicine TABS</i>	1	1 fill per 30 days; 1 rti MAX fill; 30 rti day(s) supply; QL(6 ea per fill retail)	KCENTRA	CO	
KRYSTEXXA	2	SP; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	CO	
Uricosurics			KOATE SOLR	CO	
<i>probenecid</i>	1	MP	KOGENATE FS KIT	CO	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			KOVALTRY	CO	
Antihemophilic Products			NOVOEIGHT	CO	
ADVATE	CO		NOVOSEVEN RT	CO	
ADYNOVATE	CO		NUWIQ KIT	CO	
AFSTYLA	CO		NUWIQ SOLR	CO	
ALPHANATE SOLR	CO		OBIZUR	CO	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	CO		PROFILNINE	CO	
ALPROLIX	CO		REBINYN	CO	
ALTUVIIIIO	CO		RECOMBINATE SOLR	CO	
BENEFIX KIT	CO		RIASTAP	CO	
COAGADEX	CO		RIXUBIS SOLR	CO	
CORIFACT	CO		ROCTAVIAN	CO	SP
ELOCTATE	CO		SEVENFACT	CO	
ESPEROCT	CO		TRETTEN	CO	
FEIBA	CO		VONVENDI	CO	
FIBRYGA	CO		WILATE KIT	CO	
HEMGENIX	CO		XYNTHA	CO	
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	CO		XYNTHA SOLOFUSE	CO	
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	CO		Bradykinin B2 Receptor Antagonists		
HUMATE-P SOLR	CO		<i>icatibant acetate SOLN</i>	1	SP; PA
IDELVION	CO		<i>icatibant acetate SOSY</i>	1	SP; PA
IXINITY SOLR	CO		Complement Inhibitors		
JIVI	CO		BERINERT KIT	2	SP; PA
			CINRYZE SOLR IV	2	SP; PA
			RUCONEST	2	SP; PA
			SOLIRIS	2	SP; PA
			Hemataologic - Tyrosine Kinase Inhibitors		
			TAVALISSE	2	SP; PA
			Hematorheologic Agents		
			<i>pentoxifylline</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
Human Protein C		
CEPROTIN	2	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	2	SP; PA
TAKHZYRO SOLN	2	SP; PA
Plasma Proteins		
THROMBATE III	2	SP; PA
Platelet Aggregation Inhibitors		
ASPIRIN/OMEPRAZOLE 81 MG-40 MG	2	
ASPIRIN/OMEPRAZOLE ER	2	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 ea daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	
<i>dipyridamole</i>	1	MP
<i>prasugrel hcl</i>	1	QL(1 ea daily)
YOSPRALA 81 MG-40 MG	2	
Thrombolytic Agent - Misc		
DEFITELIO	2	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	2	SP; PA
CEREZYME 400 UNIT	2	SP; PA
ELELYSO	2	SP; PA
<i>miglustat</i>	1	SP; PA
VPRIV	2	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS	2	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	1	
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	1	MP; RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	1	QL(1 ea daily)
Hematopoietic Gene Therapy		
ZYNTEGLO	CO	
Hematopoietic Growth Factors		
DOPTELET	2	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	NP	SP; PA
FULPHILA	NP	SP; PA
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP; PA
GRANIX SOSY	NP	SP; PA
LEUKINE SOLR IJ	NP	SP; PA
MIRCERA 120 MCG/0.3ML	NP	SP
MULPLETA	2	SP; PA
NEULASTA ONPRO KIT PSKT	NP	SP; PA
NEULASTA SOSY	NP	SP; PA
NEUPOGEN SOLN	NP	SP; PA
NEUPOGEN SOSY	2	SP; PA
NIVESTYM SOLN	NP	SP; PA
NIVESTYM SOSY	NP	SP; PA
NPLATE 250 MCG, 500 MCG	2	SP; PA
NYVEPRIA	2	SP; PA
PROCRIT	NP	SP; PA
PROCRIT	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACK 12.5 MG	2	SP; PA
PROMACTA TABS	2	SP; PA
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	2	SP; PA
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP; PA
ZARXIO	NP	SP; PA
ZIEXTENZO	NP	SP
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	1	QL(1 ea daily)
Iron		
FERRETTTS TABS	2	QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	1	QL(2 ea daily)
<i>ferrous gluconate TABS 27 MG, 240 MG</i>	1	
FERROUS GLUCONATE TABS 324 MG	2	
<i>ferrous sulfate dried TBCR 160 MG</i>	1	
<i>ferrous sulfate SOLN 15 MG/ML</i>	1	QL(3.4 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	1	QL(16 ml daily)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 325 MG</i>	1	MP
<i>ferrous sulfate TBEC 324 MG</i>	1	
IRON CHEWS PEDIATRIC CHEW	2	
IRON TABS 28 MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polysaccharide iron complex CAPS 150 MG</i>	1	QL(1 ea daily)
Stem Cell Mobilizers		
<i>plerixafor</i>	1	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	SP; PA
<i>aminocaproic acid TABS 1000 MG</i>	1	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	1	QL(24 ea per fill retail); SP; PA
<i>tranexamic acid TABS</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(30 ea per 5 days retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) CAPS</i>	1	
<i>diphenhydramine hcl (sleep) LIQD</i>	1	
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	1	
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	1	QL(4 ea daily)
<i>diphenhydramine hcl (sleep) TBDP</i>	1	
<i>diphenhydramine-acetaminophen (sleep) TABS</i>	1	
<i>doxylamine succinate (sleep)</i>	1	
<i>ibuprofen-diphenhydramine citrate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen-diphenhydramine hcl</i>	1	
<i>naproxen sodium-diphenhydramine hcl</i>	1	
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep)</i>	1	
Non-Barbiturate Hypnotics		
<i>dexmedetomidine hcl in sodium chloride SOLN</i>	1	
<i>dexmedetomidine hcl SOLN</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	QL(1 ea daily)
IGALMI FILM	NP	
<i>midazolam hcl SOLN IJ</i>	1	
<i>temazepam 15 MG, 30 MG</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	1	
<i>triazolam</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
ZOLPIDEM TARTRATE CAPS	2	
<i>zolpidem tartrate SUBL</i>	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	
Orexin Receptor Antagonists		
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	
<i>tasimelteon CAPS</i>	1	SP; PA
LAXATIVES - Bowel Treatment Drugs		

Drug Name	Drug Tier	Requirements/Limits
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	1	QL(10 ea daily)
NATURAL FIBER LAXATIVE POWD	2	
<i>psyllium CAPS 0.52 GM</i>	1	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 %</i>	1	
Laxative Combinations		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	1	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	QL(4000 ml per fill retail)
<i>sennosides-docusate sodium TABS</i>	1	QL(4 ea daily)
Laxatives - Miscellaneous		
<i>glycerin (laxative) SUPP 2 GM</i>	1	
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 PACK</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	QL(34 gm daily)
SORBITOL OR 70 %	2	
Saline Laxatives		
<i>magnesium citrate</i>	1	
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	1	QL(33 ml daily)
<i>sodium phosphates ENEM</i>	1	
Stimulant Laxatives		
<i>bisacodyl SUPP</i>	1	QL(12 ea per fill retail)
<i>bisacodyl TBEC</i>	1	QL(1 ea daily)
<i>sennosides TABS 8.6 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Surfactant Laxatives		
<i>docusate sodium CAPS 50 MG</i>	1	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	1	QL(3 ea daily)
<i>docusate sodium LIQD</i>	1	
<i>docusate sodium SYRP</i>	1	
DOCUSATE SODIUM SYRP	2	
<i>docusate sodium TABS</i>	1	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin SUSR 100 MG/5ML</i>	0	QL(15 ml per fill retail)
<i>azithromycin SUSR 200 MG/5ML</i>	0	QL(30 ml per fill retail)
<i>azithromycin TABS 600 MG</i>	0	QL(8 ea per 28 days retail)
<i>azithromycin TABS 500 MG</i>	0	QL(4 ea daily)
<i>azithromycin TABS 250 MG</i>	0	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	QL(200 ml per fill retail)
<i>clarithromycin TABS</i>	1	QL(28 ea per fill retail)
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	2	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	2	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate TABS</i>	1	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
ALCOHOL PREP PADS-MISC	2	OTC
Contraceptives		
CONDOMS-MISC	2	QL(36 ea per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
ACCUTREND PLUS	2	
ADVANCED MOBILE LANCET 30G	2	200 per month; QL(6.67 ea daily); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC
AIMSCO TWIST LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
AURORA LANCET SUPER THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
AURORA LANCET THIN 23G	2	200 / month; QL(6.67 ea daily); RX/OTC
CAREONE LANCET SUPER THIN/30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CAREONE LANCET THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
CLEANLET LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	2	200 per month; QL(6.67 ea daily); RX/OTC
COMFORT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ORIGINAL	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	200 / month; QL(6.67 ea daily); RX/OTC
CVS ULTRA THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL COLOR LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 ea daily); RX/OTC	EQL COLOR LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
DIATHRIVE LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	EQL SUPER THIN LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EQL THIN LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	2	QL(1 ea per 365 days retail); PA
E-Z JECT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 days retail); PA
E-Z JECT LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	2	QL(2 ea per 28 days retail); PA
E-Z JECT LANCETS COLOR	2	200 / month; QL(6.67 ea daily); RX/OTC	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 days retail); PA
E-Z JECT LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GAUZE SPONGES	2	RX/OTC
E-Z JECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
EZ-LETS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	200 / month; QL(6.67 ea daily); RX/OTC
FORA LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	GNP STERILE LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	2	QL(1 ea per 365 days retail); PA	GNP STERILE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	2	QL(2 ea per 28 days retail); PA	GNP STERILE LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS MICRO THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	200 per month; QL(6.67 ea daily); RX/OTC	KROGER LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS SUPER THIN 28G	2	200 per month; QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
HY-VEE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
HY-VEE THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
KINNEY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
KINNEY THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS STANDARD	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	2	200 / month; QL(6.67 ea daily); RX/OTC	LONGS LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS 21G	2	200 / month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	Limit 1 every 2 years; QL(1 ea per 730 days retail); RX/OTC
MEIJER LANCETS UNIVERSAL21G	2	200 / month; QL(6.67 ea daily); RX/OTC	PC LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PERFECT LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PHARMACY COUNTER LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PRECISION THINS GP LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
MONOLET LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
MONOLET OPD LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
NOVA SUREFLEX LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	PRODIGY TWIST TOP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PSS SELECT GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	Limit 1 every 2 years; QL(1 ea per 730 days retail); RX/OTC	PSS SELECT SAFETY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCETS MICROTHIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	PX LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	Limit 1 every 2 years; QL(1 ea per 730 days retail); RX/OTC	QC LANCETS SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	2		QC LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
			QC UNILET LANCETS 28G/ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC UNILET LANCETS 33G/MICRO THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	SB LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM MICRO THIN LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
REALITY LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	SMART SENSE THIN LANCETSUNIVERSAL 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION LANCETS ULTRA-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC	STERILANCE TL	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily); RX/OTC	SUPER THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	2	200 / month; QL(6.67 ea daily); RX/OTC	SURELITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE AST LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
RIGHTEST GL300 LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	200 / month; QL(6.67 ea daily); RX/OTC
SB LANCETS THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	TGT LANCET THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET GP 28 ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
THINLETS GP LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH SUPER THINLANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS MICRO-THIN33G	2	200 / month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 26G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNILET SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	UNIVERSAL 1 LANCETS THIN26G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G	2	200 / month; QL(6.67 ea daily); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 30G ULTRA THIN	2	200 / month; QL(6.67 ea daily); RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	200 / month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 33G	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCETS STANDARD 21G	2	200 / month; QL(6.67 ea daily); RX/OTC
ULTILET CLASSIC LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE II	2	200 / month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET G.P. LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	2	200 / month; QL(6.67 ea daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	200 / month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	200 / month; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	200 / month; QL(6.67 ea daily); RX/OTC	SM ALCOHOL PREP PADS	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE 1 PLY	2	RX/OTC
WALGREENS THIN LANCETS	2	200 / month; QL(6.67 ea daily); RX/OTC	WEBCOL ALCOHOL PREP LARGE 2 PLY	2	RX/OTC
Misc. Devices			Parenteral Therapy Supplies		
ALCOHOL PREP PADS	2	RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	QL(5 ea daily); RX/OTC
ALCOHOL SWABS	2	RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	QL(5 ea daily)
BD SWABS SINGLE USE	2	RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	QL(5 ea daily); RX/OTC
BD SWABS SINGLE USE BUTTERFLY	2	RX/OTC	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(5 ea daily); RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	2	RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(5 ea daily); RX/OTC
CVS ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(5 ea daily); RX/OTC
CVS PREP PADS	2	RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	QL(5 ea daily); RX/OTC
DROPSAFE ALCOHOL PREP PADS	2	RX/OTC	BD PEN NEEDLES	2	QL (5 ea daily); RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM	2	RX/OTC	INSULIN SYRINGES	2	QL (5 ea daily); RX/OTC
FIFTY50 ALCOHOL PREP PADS	2	RX/OTC	Respiratory Therapy Supplies		
GNP ALCOHOL SWABS	2	RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	2	QL(1 ea per 360 days retail); RX/OTC
HM STERILE ALCOHOL PREP PADS	2	RX/OTC	ACTIVITY POUCH MISC	2	QL(1 ea per 360 days retail); RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK	2	RX/OTC	ADULT AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT ALCOHOL PADS	2	RX/OTC			
QC ALCOHOL SWABS	2	RX/OTC			
RA ALCOHOL SWABS	2	RX/OTC			
REALITY SWABS	2	RX/OTC			
RELION ALCOHOL SWABS	2	RX/OTC			
SB ALCOHOL PREP PADS	2	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADULT MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(2 ea per 365 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(2 ea per 365 days retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	2	QL(2 ea per 365 days retail); RX/OTC	AEROCHAMBER/FLOWSIGNAL MISC	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	AEROTRACH PLUS MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	2	QL(2 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	2	QL(1 ea per 360 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BREATHE EASE/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
BREATHE EASE/MEDIUM MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
BREATHE EASE/SMALL MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	2	QL(2 ea per 365 days retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	2	QL(2 ea per 365 days retail); RX/OTC
BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EASIVENT/MASK-LARGE MISC	2	QL(2 ea per 365 days retail); RX/OTC
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	2	QL(1 ea per 360 days retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EASIVENT/MASK-SMALL MISC	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EASIVENT MISC	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EBASE CONTROLLER KIT MISC	2	QL(1 ea per 360 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	2	QL(2 ea per 365 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	2	QL(1 ea per 360 days retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC
			EQ SPACE CHAMBER ANTI-STATIC DEVI	2	QL(2 ea per 365 days retail); RX/OTC
			FILTER AIR PP MISC	2	QL(1 ea per 360 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLEXICHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	2	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(2 ea per 365 days retail); RX/OTC
FULL KIT NEBULIZER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	2	QL(2 ea per 365 days retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC	OPTICHAMBER DIAMOND MISC	2	QL(2 ea per 365 days retail); RX/OTC
INSPIREASE DRUG DELIVERYSYSTEM MISC	2	QL(2 ea per 365 days retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
INSPIREASE RESERVOIR BAGS	2	QL(3 ea per 180 days retail)	PARI BABY CONVERSION KITSIZE 1 MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK LARGE MISC	2	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK MEDIUM MISC	2	QL(1 ea per 360 days retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	2	QL(1 ea per 360 days retail); RX/OTC
LITETOUCH MASK SMALL MISC	2	QL(1 ea per 360 days retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROCHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	2	QL(1 ea per 360 days retail); RX/OTC
MICROCHAMBER MISC	2	QL(2 ea per 365 days retail); RX/OTC	PARI MASK SET MISC	2	QL(1 ea per 360 days retail); RX/OTC
MICROSPACER MISC	2	QL(2 ea per 365 days retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	2	QL(1 ea per 360 days retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	2	QL(1 ea per 360 days retail); RX/OTC	PARI VORTEX ADULT MASK	2	QL(1 ea per 360 days retail); RX/OTC
NOSE CLIP MISC	2	QL(1 ea per 360 days retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFLEX MISC	2	QL(1 ea per 360 days retail); RX/OTC	REPLACEMENT AIR FILTER MISC	2	QL(1 ea per 360 days retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	2	QL(1 ea per 360 days retail); RX/OTC	REPLACEMENT FILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC	RITEFLO DEVI	2	QL(2 ea per 365 days retail); RX/OTC
PILLOW MASK/CHILD MISC	2	QL(1 ea per 360 days retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	2	QL(1 ea per 360 days retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
POCKET CHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	2	QL(1 ea per 360 days retail); RX/OTC
POCKET SPACER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	2	QL(2 ea per 365 days retail); RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	2	QL(1 ea per 360 days retail); RX/OTC
PROCHAMBER VALVED HOLDINGCHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	2	QL(1 ea per 360 days retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	2	QL(1 ea per 360 days retail); RX/OTC	SOOTHENE NBL 100 CHILD MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	2	QL(2 ea per 365 days retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOOTHENE NBL 100 MEDICATION CUP MISC	2	QL(1 ea per 360 days retail); RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1	
SOOTHENE NBL 100 MESH CAP MISC	2	QL(1 ea per 360 days retail); RX/OTC	<i>sumatriptan-naproxen sodium</i>	1	
SOOTHENE NBL 100 ADULT MASK MISC	2	QL(1 ea per 360 days retail); RX/OTC	Migraine Products		
THRESHOLD IMT MISC	2	QL(1 ea per 360 days retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	
TUBING/WING TIP MISC	2	QL(1 ea per 360 days retail); RX/OTC	Serotonin Agonists		
VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	2	QL(2 ea per 365 days retail); RX/OTC	<i>almotriptan malate</i>	1	
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	2	QL(2 ea per 365 days retail); RX/OTC	<i>eletriptan hydrobromide</i>	1	QL(0.2 ea daily)
VORTEX VALVED HOLDING CHAMBER DEVI	2	QL(2 ea per 365 days retail); RX/OTC	<i>frovatriptan succinate</i>	1	
WINDMILL TRAINER MISC	2	QL(1 ea per 360 days retail); RX/OTC	<i>naratriptan hcl</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>rizatriptan benzoate TABS</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>rizatriptan benzoate TBDP</i>	1	
AJOVY SOAJ	2	SP; PA	<i>sumatriptan</i>	1	QL(6 ea per 30 days retail)
AJOVY SOSY	2	SP; PA	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
EMGALITY SOAJ	2	SP; PA	<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	1	
EMGALITY SOSY 120 MG/ML	2	SP; PA	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	1	
EMGALITY SOSY 100 MG/ML	NP	SP; PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	1	QL(0.67 ml daily)
NURTEC	NP	PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	1	QL(2.5 ml per 30 days retail); AL(At least 12 yrs old)
QULIPTA	NP	PA	<i>sumatriptan succinate TABS</i>	1	QL(9 ea per 30 days retail)
UBRELVY	2	PA	<i>zolmitriptan SOLN 2.5 MG</i>	2	
ZAVZPRET	NP	PA	<i>zolmitriptan TABS</i>	1	QL(6 ea per 30 days retail)
Migraine Combinations			<i>zolmitriptan TBDP</i>	1	QL(6 ea per 30 days retail)
			ZOMIG SOLN 2.5 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
Calcium		
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	1	QL(2 ea daily)
MAGNEBIND 400	NP	
<i>oyster shell</i>	1	
Fluoride		
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	1	RX/OTC
<i>sodium fluoride SOLN 0.125 MG/DROP</i>	1	
Magnesium		
<i>magnesium oxide (mg supplement) TABS 400 MG</i>	1	
Phosphate		
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	QL(8 ea daily)
Potassium		
<i>K-TAB TBCR 8 MEQ (Use potassium chloride)</i>	2	MP
<i>potassium bicarbonate TBEF</i>	1	
<i>potassium chloride microencapsulated crystals er</i>	1	MP
<i>potassium chloride CPCR 10 MEQ</i>	1	MP
<i>potassium chloride CPCR 8 MEQ</i>	1	QL(1 ea daily); MP
<i>potassium chloride PACK OR 20 MEQ</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	MP
<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	MP
Zinc		
<i>zinc sulfate CAPS</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
<i>penicillamine TABS</i>	1	
<i>trientine hcl 250 MG</i>	1	SP; PA
Enzymes		
XIAFLEX	2	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	2	SP; PA
Immunomodulators		
<i>lenalidomide</i>	1	SP; PA
REVLIMID	2	SP; PA
THALOMID	2	SP; PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	2	PA
ATGAM	2	SP; PA
<i>azathioprine TABS 50 MG</i>	1	MP
<i>azathioprine TABS 75 MG, 100 MG</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	PA
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	PA
<i>cyclosporine CAPS</i>	1	PA
<i>cyclosporine SOLN IV 50 MG/ML</i>	1	PA
<i>everolimus (immunosuppressant)</i>	1	PA
GAMIFANT 10 MG/2ML, 50 MG/10ML	2	SP; PA
<i>mycophenolate mofetil hcl</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil CAPS</i>	1	PA	<i>nystatin (mouth-throat)</i>	1	QL(100 ml per fill retail)
<i>mycophenolate mofetil SUSR</i>	1	PA	Antiseptics - Mouth/Throat		
<i>mycophenolate mofetil TABS</i>	1	PA	<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>mycophenolate sodium</i>	1	PA	Dental Products		
NULOJIX	2	SP; PA	PREVIDENT RINSE SOLN	2	
PROGRAF PACK	2	PA	<i>sodium fluoride (dental) CREA</i>	1	QL(57 gm per fill retail)
PROGRAF SOLN	2	PA	<i>sodium fluoride (dental) GEL</i>	1	QL(60 gm per fill retail)
SANDIMMUNE CAPS (Use cyclosporine)	2	PA	<i>sodium fluoride (dental) SOLN 0.2 %</i>	1	
SANDIMMUNE SOLN OR	2	PA	<i>stannous fluoride CONC</i>	1	RX/OTC
<i>sirolimus SOLN</i>	1	PA	Periodontal Products		
<i>sirolimus TABS</i>	1	PA	ARESTIN	2	SP; PA
<i>tacrolimus CAPS</i>	1	PA	Steroids - Mouth/Throat/Dental		
THYMOGLOBULIN	2	SP; PA	<i>triamcinolone acetonide (mouth)</i>	1	QL(5 gm per fill retail)
Lymphatic Agents			Throat Products - Misc.		
SYLVANT	2	SP; PA	AQUORAL SOLN	2	QL(900 ml per fill retail); RX/OTC
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
VIJOICE	CO		CAPHOSOL SOLN	2	QL(900 ml per fill retail); RX/OTC
Potassium Removing Agents			CVS DRY MOUTH SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
LOKELMA	2		EQL DRY MOUTH ORAL RINSE SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>sodium polystyrene sulfonate POWD</i>	1	QL(454 gm per fill retail)	MOI-STIR SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	1		MOUTH KOTE REMINT SOLN	2	QL(900 ml per fill retail); RX/OTC
Systemic Lupus Erythematosus Agents					
BENLYSTA SOLR	2	SP; PA			
MOUTH/THROAT/DENTAL AGENTS					
Anesthetics Topical Oral					
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	QL(100 ml per fill retail)			
Anti-infectives - Throat					

Drug Name	Drug Tier	Requirements/Limits
MOUTH KOTE SOLN	2	QL(900 ea per fill retail); RX/OTC
NUMOISYN LIQD	2	QL(900 ml per fill retail); RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	2	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
RA DRY MOUTH SOLN	2	QL(900 ml per fill retail); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	2	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	1	QL(1 ea daily)
<i>b-complex vitamins TABS</i>	1	QL(1 ea daily)
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	1	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	1	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	1	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron		
<i>multiple vitamins w/ iron TABS</i>	1	QL(1 ea daily)
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	2	QL(1 ea daily)
Multiple Vitamins w/ Minerals		
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND	2	RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Multivitamins		
MULTIPLE VITAMINS TABS-ASSORTED BRAND	2	QL(1 ea daily)
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	1	QL(1 ea daily)
Ped Multi Vitamins w/Fl & FE		
<i>ped multivitamins w/fl & iron SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped Multiple Vitamins w/ Minerals		
MVW COMPLETE FORMULATIONPEDIATRIC SOLN	2	
Ped MV w/ Fluoride		
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	2	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC	1	QL(1 ea daily); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	2	QL(50ml per fill retail); AL(Up to 13 yrs old)
PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC	1	QL(50ml per fill retail); AL(Up to 13 yrs old)
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	QL(50 ml per fill retail); AL(Up to 13 yrs old); RX/OTC
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	2	QL(60 ml per fill retail)
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	2	QL(60 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
POLY-VITA/IRON SOLN	2	QL(60 ml per fill retail)
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	2	
MULTIVITAMIN INFANT & TODDLER SOLN OR	2	
MULTIVITAMIN INFANT/TODDLER SOLN OR	2	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	2	
POLY-VI-SOL SOLN OR	2	
POLY-VITA SOLN OR	2	
POLY-VITE PEDIATRIC SOLN OR	2	
Prenatal Vitamins		
PRENATAL VITAMINS-ASSORTED BRAND	2	QL(30 ea per 30 days retail); RX/OTC
PRENATAL VITAMINS-ASSORTED GENERIC	1	QL(30 ea per 30 days retail); RX/OTC
Vitamins w/ Lipotropics		
<i>vitamins w/ lipotropics CAPS</i>	1	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Articular Cartilage Repair Therapy		
MACI	2	SP; PA
Central Muscle Relaxants		
<i>baclofen SOLN OR 10 MG/5ML</i>	2	
<i>baclofen SOLN OR 5 MG/5ML</i>	1	
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	1	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen SUSP</i>	1	
<i>baclofen TABS 10 MG, 20 MG</i>	1	MP
<i>baclofen TABS 5 MG</i>	1	PA
<i>carisoprodol TABS 350 MG</i>	1	MP; PA
<i>carisoprodol TABS 250 MG</i>	1	PA
<i>chlorzoxazone TABS 500 MG</i>	1	MP
<i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl CP24</i>	1	
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	QL(3 ea daily); MP
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	1	QL(4 ea daily)
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	2	SP; PA
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	2	SP; PA
LYVISPAH PACK	NP	
<i>metaxalone</i>	1	
<i>methocarbamol TABS 750 MG</i>	1	
<i>methocarbamol TABS 500 MG</i>	1	MP
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS 5 MG	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Muscle Relaxant Combinations			Nasal Antiallergy		
<i>carisoprodol w/ aspirin & codeine</i>	NP	PA	<i>azelastine hcl</i>	1	QL(30 ml per fill retail); RX/OTC
<i>orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG</i>	NP		<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	1	QL(26 ml per fill retail)
<i>orphenadrine w/ aspirin & caff</i>	1		<i>olopatadine hcl (nasal)</i>	1	
Viscosupplements			Nasal Anticholinergics		
EUFLEXXA SOSY	2	SP; PA	<i>ipratropium bromide (nasal) 0.06 %</i>	1	QL(15 ml per 30 days retail)
GEL-ONE	2	SP; PA	<i>ipratropium bromide (nasal) 0.03 %</i>	1	QL(30 ml per 30 days retail)
GELSYN-3 SOSY	2	SP; PA	Nasal Steroids		
GENVISC 850 SOSY	2	SP; PA	<i>flunisolide (nasal) 0.025 %</i>	1	QL(25 ml per fill retail)
HYALGAN SOLN	2	SP; PA	<i>fluticasone propionate (nasal) SUSP</i>	1	QL(16 ml per fill retail); RX/OTC
HYALGAN SOSY	2	SP; PA	<i>mometasone furoate (nasal) SUSP</i>	1	QL(17 ml per fill retail); AL(At least 2 yrs old); RX/OTC
HYMOVIS	2	SP; PA	Sympathomimetic Decongestants		
MONOVISC	2	SP; PA	<i>epinephrine hcl (nasal)</i>	1	
ORTHOVISC	2	SP; PA	<i>phenylephrine hcl (oral) TABS</i>	1	QL(24 ea per fill retail)
SUPARTZ FX SOSY	2	SP; PA	<i>pseudoephedrine hcl TABS</i>	1	
SYNOJOYNT SOSY	2	SP; PA	<i>pseudoephedrine hcl TB12</i>	1	QL(2 ea daily)
SYNVISC ONE SOSY	2	SP; PA	SUDAFED CHILDRENS LIQD	2	
SYNVISC SOSY	2	SP; PA	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	2	QL(120 ml per fill retail)
TRILURON SOSY	2	SP; PA	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
TRIVISC SOSY	2	SP; PA	ALS Agents		
VISCO-3 SOSY	2	SP; PA	<i>riluzole TABS</i>	1	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			<i>TEGLUTIK SUSP</i>	2	SP; PA
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	1				
RYALTRIS	NP				
Nasal Agents - Misc.					
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	2	QL(90 ml per fill retail)			
<i>saline SOLN</i>	1	QL(90 ml per fill retail)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TIGLUTIK SUSP	2	SP; PA	ELEVIDYS 43.5-44.4 KG	CO	
Muscular Dystrophy Agents			ELEVIDYS 44.5-45.4 KG	CO	
ELEVIDYS 10.0-10.4 KG	CO		ELEVIDYS 45.5-46.4 KG	CO	
ELEVIDYS 10.5-11.4 KG	CO		ELEVIDYS 46.5-47.4 KG	CO	
ELEVIDYS 11.5-12.4 KG	CO		ELEVIDYS 47.5-48.4 KG	CO	
ELEVIDYS 12.5-13.4 KG	CO		ELEVIDYS 48.5-49.4 KG	CO	
ELEVIDYS 13.5-14.4 KG	CO		ELEVIDYS 49.5-50.4 KG	CO	
ELEVIDYS 14.5-15.4 KG	CO		ELEVIDYS 50.5-51.4 KG	CO	
ELEVIDYS 15.5-16.4 KG	CO		ELEVIDYS 51.5-52.4 KG	CO	
ELEVIDYS 16.5-17.4 KG	CO		ELEVIDYS 52.5-53.4 KG	CO	
ELEVIDYS 17.5-18.4 KG	CO		ELEVIDYS 53.5-54.4 KG	CO	
ELEVIDYS 18.5-19.4 KG	CO		ELEVIDYS 54.5-55.4 KG	CO	
ELEVIDYS 19.5-20.4 KG	CO		ELEVIDYS 55.5-56.4 KG	CO	
ELEVIDYS 20.5-21.4 KG	CO		ELEVIDYS 56.5-57.4 KG	CO	
ELEVIDYS 21.5-22.4 KG	CO		ELEVIDYS 57.5-58.4 KG	CO	
ELEVIDYS 22.5-23.4 KG	CO		ELEVIDYS 58.5-59.4 KG	CO	
ELEVIDYS 23.5-24.4 KG	CO		ELEVIDYS 59.5-60.4 KG	CO	
ELEVIDYS 24.5-25.4 KG	CO		ELEVIDYS 60.5-61.4 KG	CO	
ELEVIDYS 25.5-26.4 KG	CO		ELEVIDYS 61.5-62.4 KG	CO	
ELEVIDYS 26.5-27.4 KG	CO		ELEVIDYS 62.5-63.4 KG	CO	
ELEVIDYS 27.5-28.4 KG	CO		ELEVIDYS 63.5-64.4 KG	CO	
ELEVIDYS 28.5-29.4 KG	CO		ELEVIDYS 64.5-65.4 KG	CO	
ELEVIDYS 29.5-30.4 KG	CO		ELEVIDYS 65.5-66.4 KG	CO	
ELEVIDYS 30.5-31.4 KG	CO		ELEVIDYS 66.5-67.4 KG	CO	
ELEVIDYS 31.5-32.4 KG	CO		ELEVIDYS 67.5-68.4 KG	CO	
ELEVIDYS 32.5-33.4 KG	CO		ELEVIDYS 68.5-69.4 KG	CO	
ELEVIDYS 33.5-34.4 KG	CO		ELEVIDYS 69.5 KG PLUS	CO	
ELEVIDYS 34.5-35.4 KG	CO		EXONDYS 51	2	SP; PA
ELEVIDYS 35.5-36.4 KG	CO		Neuromuscular Blocking Agent - Neurotoxins		
ELEVIDYS 36.5-37.4 KG	CO		BOTOX IJ	2	SP; PA
ELEVIDYS 37.5-38.4 KG	CO		DYSPORE	2	SP; PA
ELEVIDYS 38.5-39.4 KG	CO		MYOBLOC	2	SP; PA
ELEVIDYS 39.5-40.4 KG	CO		XEOMIN	2	SP; PA
ELEVIDYS 40.5-41.4 KG	CO		Spinal Muscular Atrophy Agents (SMA)		
ELEVIDYS 41.5-42.4 KG	CO		SPINRAZA	2	SP; PA
ELEVIDYS 42.5-43.4 KG	CO				

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 10.1-10.5 KG	CO	
ZOLGENSMA 10.6-11.0 KG	CO	
ZOLGENSMA 11.1-11.5 KG	CO	
ZOLGENSMA 11.6-12.0 KG	CO	
ZOLGENSMA 12.1-12.5 KG	CO	
ZOLGENSMA 12.6-13.0 KG	CO	
ZOLGENSMA 13.1-13.5 KG	CO	
ZOLGENSMA 13.6-14.0 KG	CO	
ZOLGENSMA 14.1-14.5 KG	CO	
ZOLGENSMA 14.6-15.0 KG	CO	
ZOLGENSMA 15.1-15.5 KG	CO	
ZOLGENSMA 15.6-16.0 KG	CO	
ZOLGENSMA 16.1-16.5 KG	CO	
ZOLGENSMA 16.6-17.0 KG	CO	
ZOLGENSMA 17.1-17.5 KG	CO	
ZOLGENSMA 17.6-18.0 KG	CO	
ZOLGENSMA 18.1-18.5 KG	CO	
ZOLGENSMA 18.6-19.0 KG	CO	
ZOLGENSMA 19.1-19.5 KG	CO	
ZOLGENSMA 19.6-20.0 KG	CO	
ZOLGENSMA 2.6-3.0 KG	CO	

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 20.1-20.5 KG	CO	
ZOLGENSMA 20.6-21.0 KG	CO	
ZOLGENSMA 3.1-3.5 KG	CO	
ZOLGENSMA 3.6-4.0 KG	CO	
ZOLGENSMA 4.1-4.5 KG	CO	
ZOLGENSMA 4.6-5.0 KG	CO	
ZOLGENSMA 5.1-5.5 KG	CO	
ZOLGENSMA 5.6-6.0 KG	CO	
ZOLGENSMA 6.1-6.5 KG	CO	
ZOLGENSMA 6.6-7.0 KG	CO	
ZOLGENSMA 7.1-7.5 KG	CO	
ZOLGENSMA 7.6-8.0 KG	CO	
ZOLGENSMA 8.1-8.5 KG	CO	
ZOLGENSMA 8.6-9.0 KG	CO	
ZOLGENSMA 9.1-9.5 KG	CO	
ZOLGENSMA 9.6-10.0 KG	CO	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	1	QL(15 ml per fill retail)
<i>white petrolatum-mineral oil</i>	1	QL(5 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	1 rtl MAX fill; 30 rtl day(s) supply
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per fill retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	NP	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl-timolol maleate</i>	1	QL(10 ml per fill retail)	BEVACIZUMAB IO 2.75 MG/0.11ML	2	PA
<i>dorzolamide hcl-timolol maleate</i>	1		BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	2	SP; PA
<i>levobunolol hcl 0.5 %</i>	1		EYLEA SOLN	2	SP; PA
<i>timolol maleate (ophth) SOLG 0.25 %</i>	1		LUCENTIS SOLN	2	SP; PA
<i>timolol maleate (ophth) SOLN</i>	1	QL(5 ml per fill retail)	LUCENTIS SOSY	2	SP; PA
<i>timolol maleate (ophth) SOLN 0.5 %</i>	1		Ophthalmic Adrenergic Agents		
TIMOLOL/BRIMONIDE/D ORZOLAMIDE	2		ALPHAGAN P (<i>Use brimonidine tartrate</i>)	2	
TIMOPTIC-XE SOLG 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP		<i>apraclonidine hcl</i>	1	
Cycloplegic Mydriatics			<i>brimonidine tartrate 0.2 %</i>	1	QL(5 ml per fill retail)
<i>atropine sulfate (ophthalmic) OINT</i>	1	QL(4 gm per fill retail)	<i>brimonidine tartrate 0.1 %, 0.15 %</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	QL(5 ml per fill retail)	SIMBRINZA	2	
ATROPINE SULFATE SOLN 1 %	2	QL(5 ea per fill retail)	Ophthalmic Anti-infectives		
CYCLOGYL 0.5 %	2	QL(15 ml per fill retail)	<i>bacitracin-polymyxin b (ophth)</i>	1	QL(4 gm per fill retail)
<i>cyclopentolate hcl 1 %</i>	1	QL(5 ml per fill retail)	<i>ciprofloxacin hcl (ophth) SOLN</i>	1	QL(5 ml per fill retail)
<i>cyclopentolate hcl 0.5 %</i>	1	QL(15 ml per fill retail)	ERYTHROMYCIN	2	QL(4 gm per fill retail)
ISOPTO ATROPINE SOLN	2	QL(5 ml per fill retail)	<i>erythromycin (ophth)</i>	1	QL(4 gm per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	QL(5 ml per fill retail)	<i>gatifloxacin (ophth)</i>	1	
<i>tropicamide SOLN 1 %</i>	1	QL(3 ml per fill retail)	<i>gentamicin sulfate (ophth) OINT</i>	1	QL(4 gm per fill retail)
<i>tropicamide SOLN 0.5 %</i>	1	QL(15 ml per fill retail)	<i>gentamicin sulfate (ophth) SOLN</i>	1	QL(5 ml per fill retail)
Miotics			<i>levofloxacin (ophth) 0.5 %</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)
Ophthalmic - Angiogenesis Inhibitors			<i>neomycin-bacitracin zn-polymyxin</i>	1	QL(4 gm per fill retail)
			<i>neomycin-polymyxin-gramicidin</i>	1	QL(10 ml per fill retail)
			<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim</i>	1	QL(10 ml per fill retail)	BLEPHAMIDE SUSP	2	QL(5 ml per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	1	QL(15 ml per fill retail)	<i>dexamethasone sodium phosphate (ophth)</i>	1	QL(5 ml per fill retail)
<i>tobramycin (ophth) SOLN</i>	1	QL(5 ml per fill retail)	DEXTENZA INST	2	SP; PA
TOBREX OINT	2	QL(4 gm per fill retail)	EYSUVIS SUSP	NP	
Ophthalmic Decongestants			<i>fluorometholone (ophth) SUSP</i>	1	QL(5 ml per fill retail)
<i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>	1	1 rtl MAX fill; 30 rtl day(s) supply	FML OINT	2	QL(4 gm per fill retail)
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	1	QL(0.5 ml daily)	ILUVIEN	2	SP; PA
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	1	QL(30 ml per fill retail)	<i>neomycin-polymy-dexameth OINT</i>	1	QL(4 gm per fill retail)
Ophthalmic Immunomodulators			<i>neomycin-polymy-dexameth SUSP</i>	1	QL(5 ml per fill retail)
CEQUA SOLN	NP		<i>neomycin-polymyxin-hc (ophth)</i>	1	QL(8 ml per fill retail)
<i>cyclosporine (ophth) EMUL</i>	1	PA	OZURDEX IMPL	2	SP; PA
RESTASIS MULTIDOSE EMUL	2	PA	PRED MILD	2	QL(10 ml per fill retail)
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	2	PA	PRED-G SUSP	2	QL(5 ml per fill retail)
Ophthalmic Integrin Antagonists			<i>prednisolone acetate (ophth)</i>	1	QL(5 ml per fill retail)
XIIDRA	2	PA	PREDNISOLONE ACETATE P-F	2	QL(5 ml per fill retail)
Ophthalmic Kinase Inhibitors			PREDNISOLONE SODIUM PHOSPHATE	2	QL(10 ml per fill retail)
ROCKLATAN	2	PA	RETISERT	2	SP; PA
Ophthalmic Local Anesthetics			<i>sulfacetamide sod-prednisolone SOLN</i>	1	QL(5 ml per fill retail)
<i>tetracaine hcl (ophth)</i>	1		TOBRADEX OINT	2	QL(4 gm per fill retail)
Ophthalmic Nerve Growth Factors			<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
OXERVATE	2	SP; PA	YUTIQ	2	SP
Ophthalmic Photodynamic Therapy Agents			Ophthalmics - Misc.		
VISUDYNE	2	SP; PA	<i>azelastine hcl (ophth)</i>	1	QL(6 ml per fill retail)
Ophthalmic Steroids			<i>bromfenac sodium (ophth) 0.09 %</i>	1	
BLEPHAMIDE S.O.P. OINT	2	QL(4 gm per fill retail)	<i>cromolyn sodium (ophth)</i>	1	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN	2	SP; PA
<i>diclofenac sodium (ophth)</i>	1	QL(5 ml per fill retail)
<i>dorzolamide hcl</i>	1	QL(10 ml per fill retail)
DORZOLAMIDE HCL	2	QL(10 ml per fill retail)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	QL(3 ml per fill retail)
ILEVRO	NP	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1	QL(5 ml per fill retail)
<i>ketorolac tromethamine (ophth) 0.4 %</i>	1	1 rtl MAX fill; 30 rtl day(s) supply
<i>ketotifen fumarate (ophth) 0.035 %</i>	1	QL(5 ml per fill retail)
<i>olopatadine hcl</i>	1	RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
<i>travoprost SOLN</i>	1	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	QL(15 ml per fill retail)
<i>carbamide peroxide (otic) 6.5 %</i>	1	QL(0.5 ml daily)
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	QL(5 ml per fill retail)
Otic Combinations		
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	2	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	1	1 rtl MAX fill; 30 rtl day(s) supply; QL(7.5 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	QL(10 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	QL(10 ml per fill retail)
Otic Steroids		
<i>fluocinolone acetonide (otic)</i>	1	QL(20 ml per fill retail)
<i>hydrocortisone w/acetic acid</i>	1	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN 10 %	2	SP; PA
BIVIGAM SOLN 5 GM/50ML	2	PA
CUVITRU SOLN	2	SP; PA
CYTOGAM	2	SP; PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	2	PA
FLEBOGAMMA DIF SOLN	2	SP; PA
GAMASTAN	2	SP; PA
GAMMAGARD LIQUID	2	SP; PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	2	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN 5 GM/50ML	2	PA
GAMMAPLEX SOLN	2	SP; PA
GAMUNEX-C	2	SP; PA
HEPAGAM B SOLN IJ	2	SP; PA
HIZENTRA SOLN	2	SP; PA
HYPERHEP B SOLN IM	2	SP; PA
HYPERHEP B SOSY 110 UNIT/0.5ML	2	SP; PA
HYPERRHO S/D MINI-DOSE SOSY IM	2	SP; PA
HYPERRHO S/D SOSY IM 1500 UNIT	2	SP; PA
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	2	SP; PA
NABI-HB SOLN IM	2	SP; PA
OCTAGAM SOLN 5 GM/50ML	2	PA
OCTAGAM SOLN	2	SP; PA
PANZYGA	2	SP; PA
PRIVIGEN SOLN 5 GM/50ML	2	PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	2	SP; PA
RHOGAM ULTRA-FILTERED PLUS SOSY IM	2	SP; PA
RHOPHYLAC SOSY IJ	2	SP; PA
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	2	SP; PA
Monoclonal Antibodies		
BEYFORTUS	0	AL(At least 19 yrs old); SP
SYNAGIS SOLN	2	SP; PA
ZINPLAVA	2	SP; PA
Passive Immunizing Agents - Combinations		

Drug Name	Drug Tier	Requirements/Limits
HYQVIA	2	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS 875 MG</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>	1	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG</i>	1	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	1	QL(1.34 ea daily)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
SIMPLYTHICK EASY MIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SIMPLYTHICK EASYMIX	2	QL(1816 gm per fill retail); AL(At least 2 yrs old)
Liquid Vehicles		
<i>glycine diluent</i>	1	SP; PA
PH 12 STERILE DILUENT FORFLOLAN	2	SP; PA
Semi Solid Vehicles		
<i>lanolin XX</i>	1	
LANOLIN XX	2	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>hydroxyprogesterone caproate OIL</i>	1	SP; PA
MAKENA SOAJ	NP	SP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS 100 MG</i>	1	QL(1 ea daily)
<i>progesterone CAPS 200 MG</i>	1	QL(20 ea per 30 days retail)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram 250 MG</i>	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	2	SP; PA
XYREM SOLN	2	SP; PA
Antidementia Agents		

Drug Name	Drug Tier	Requirements/Limits
ADLARITY PTWK	NP	
<i>donepezil hydrochloride TABS 23 MG</i>	1	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	QL(1 ea daily); MP
<i>donepezil hydrochloride TBDP</i>	1	
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	2	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	2	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	1	QL(2 ea daily)
<i>memantine hcl CP24</i>	1	
<i>memantine hcl SOLN</i>	1	QL(10 ml daily)
<i>memantine hcl TABS</i>	1	QL(2 ea daily); MP
<i>memantine hcl TABS</i>	2	QL(1 ea per 28 days retail)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	QL(1 ea per 28 days retail)
<i>rivastigmine 13.3 MG/24HR</i>	1	
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	1	QL(1 ea daily)
<i>rivastigmine tartrate CAPS</i>	1	QL(2 ea daily)
Cerebral Adrenoleukodystrophy (CALD) Agents		
SKYSONA	CO	
Combination Psychotherapeutics		
LYBALVI	NP	
<i>perphenazine-amitriptyline</i>	1	QL(4 ea daily)
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	2	QL(55 ea per 365 days retail); PA
SAVELLA TABS	2	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPK	2	PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	2	SP; PA
AUSTEDO XR TB24	2	SP; PA
AUSTEDO TABS	2	SP; PA
INGREZZA CAPS	2	SP; PA
<i>tetrabenazine</i>	1	SP; PA
Multiple Sclerosis Agents		
AVONEX PEN AJKT	2	SP; PA
AVONEX PSKT	2	SP; PA
BAFIERTAM	NP	SP
BRIUMVI	NP	SP
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	2	SP; PA
<i>dalfampridine</i>	1	SP; PA
<i>dimethyl fumarate CDPK</i>	1	SP; PA
<i>dimethyl fumarate CPDR</i>	1	SP; PA
<i> fingolimod hcl</i>	1	SP; PA
GILENYA	NP	SP; PA
<i>glatiramer acetate SOSY</i>	1	SP; PA
KESIMPTA	2	SP; PA
MAYZENT STARTER PACK TBPK	NP	SP
MAYZENT TABS	NP	SP
PLEGRIDY SOSY IM	NP	SP
PONVORY 14-DAY STARTER PACK TBPK	NP	SP
PONVORY TABS	NP	SP
TASCENSO ODT	NP	SP
ZEPOSIA STARTER KIT CPPK	NP	SP
Premenstrual Dysphoric Disorder (PMDD) Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl (pmdd) TABS</i>	1	AL(At least 7 yrs old)
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily); AL(At least 18 yrs old)
<i>bupropion hcl (smoking deterrent)</i>	0	AL(At least 18 yrs old)
<i>nicotine polacrilex GUM</i>	0	AL(At least 18 yrs old)
<i>nicotine polacrilex LOZG</i>	0	AL(At least 18 yrs old)
NICOTINE TRANSDERMAL SYSTEM KIT	0	AL(At least 18 yrs old)
<i>nicotine MISC XX</i>	0	AL(At least 18 yrs old)
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	0	AL(At least 18 yrs old)
NICOTROL INHALER INHA	NP	AL(At least 18 yrs old); PA
NICOTROL NS SOLN	NP	AL(At least 18 yrs old); PA
<i>varenicline tartrate TABS</i>	0	QL(2 ea daily); AL(At least 18 yrs old)
<i>varenicline tartrate TBPK</i>	0	AL(At least 18 yrs old)
Transthyretin Amyloidosis Agents		
ONPATTRO	2	SP; PA
TEGSEDI	2	SP; PA
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor)</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 500 MG, 1000 MG	2	SP; PA	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG	2	MP
GLASSIA SOLN	2	SP; PA	ARMOUR THYROID TABS	2	MP
ZEMAIRA SOLR 1000 MG	2	SP; PA	<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	1	
Cystic Fibrosis Agents			<i>levothyroxine sodium</i> TABS	1	MP
KALYDECO PACK 50 MG, 75 MG	2	SP; PA	<i>liothyronine sodium</i> TABS	1	MP
KALYDECO TABS	2	SP; PA	NIVA THYROID TABS	2	MP
ORKAMBI PACK	2	SP; PA	NP THYROID 120 TABS	2	MP
ORKAMBI TABS	2	SP; PA	NP THYROID 15 TABS	2	MP
PULMOZYME	2	SP; PA	NP THYROID 30 TABS	2	MP
SYMDEKO	2	SP; PA	NP THYROID 60 TABS	2	MP
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 ea daily); SP; PA	NP THYROID 90 TABS	2	MP
Pulmonary Fibrosis Agents			SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	2	MP
OFEV	2	SP; PA	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	MP
<i>pirfenidone</i> CAPS	1	SP; PA	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	2	
<i>pirfenidone</i> TABS 534 MG	1	SP	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use <i>levothyroxine sodium</i>)	2	
TETRACYCLINES - Drugs to Treat Bacterial Infections			TOXOIDS		
Tetracyclines			Toxoid Combinations		
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	1		ADACEL SUSP	0	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	1		BOOSTRIX SUSP	0	
<i>doxycycline hyclate</i> CAPS	1		BOOSTRIX SUSY	0	
<i>doxycycline hyclate</i> TABS 100 MG	1		DAPTACEL	0	
<i>minocycline hcl</i> CAPS	1				
THYROID AGENTS - Drugs to Regulate Thyroid Hormones					
Antithyroid Agents					
<i>methimazole</i> TABS	1	MP			
<i>propylthiouracil</i>	1	MP			
Thyroid Hormones					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0		<i>cimetidine TABS 800 MG</i>	1	QL(500 ea per fill retail)
INFANRIX	0		<i>cimetidine TABS 200 MG</i>	1	MP; RX/OTC
KINRIX SUSY	0		<i>famotidine TABS 20 MG, 40 MG</i>	1	MP
PEDIARIX SUSY	0		<i>famotidine TABS 10 MG</i>	1	
PENTACEL	0		<i>ranitidine hcl TABS 75 MG, 150 MG</i>	1	QL(2 ea daily); MP
QUADRACEL SUSP	0		Misc. Anti-Ulcer		
QUADRACEL SUSY	0		<i>sucralfate SUSP</i>	1	QL(420 ml per fill retail)
TDVAX SUSP	0		<i>sucralfate TABS</i>	1	QL(4 ea daily); MP
TENIVAC INJ	0		Proton Pump Inhibitors		
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0		<i>esomeprazole magnesium CPDR</i>	1	RX/OTC
VAXELIS SUSP	0		<i>esomeprazole magnesium PACK</i>	1	
VAXELIS SUSY	0		ESOMEPRAZOLE STRONTIUM 49.3 MG	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>lansoprazole CPDR</i>	1	RX/OTC
Antispasmodics			<i>lansoprazole TBDD</i>	1	PA; RX/OTC
<i>dicyclomine hcl CAPS</i>	1		NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>dicyclomine hcl SOLN OR</i>	1	QL(40 ml daily)	NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>dicyclomine hcl TABS</i>	1		NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	RX/OTC
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	QL(4 ea daily)	NEXIUM PACK	2	
<i>hyoscyamine sulfate ELIX</i>	1		NEXIUM PACK (Use <i>esomeprazole magnesium</i>)	2	
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	1		<i>omeprazole CPDR</i>	1	QL(2 ea daily)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>omeprazole TBEC</i>	1	QL(1 ea daily)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		<i>pantoprazole sodium PACK</i>	1	
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1		<i>pantoprazole sodium TBEC 20 MG</i>	1	QL(1 ea daily)
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
H-2 Antagonists					
<i>cimetidine TABS 300 MG, 400 MG</i>	1				

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium TBEC 40 MG</i>	1	QL(2 ea daily)
PROTONIX PACK (<i>Use pantoprazole sodium</i>)	2	
<i>rabeprazole sodium TBEC</i>	1	
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
KONVOMEK SUSR	NP	
<i>omeprazole-sodium bicarbonate CAPS</i>	1	RX/OTC
<i>omeprazole-sodium bicarbonate PACK</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	
<i>oxybutynin chloride SOLN</i>	1	
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(3 ea daily); MP
<i>oxybutynin chloride TABS 2.5 MG</i>	1	
<i>oxybutynin chloride TB24</i>	1	QL(2 ea daily); MP
<i>solifenacin succinate TABS</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>Use fesoterodine fumarate</i>)	2	
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 ea daily)
VESICARE LS SUSP	NP	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists		

Drug Name	Drug Tier	Requirements/Limits
GEMTESA	NP	
MYRBETRIQ SRER	NP	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	MP
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	0	
BCG VACCINE	0	
BEXSERO	0	
BIOTHRAX	0	
HIBERIX SOLR IJ	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PENBRAYA	0	
PNEUMOVAX 23	0	
PNEUMOVAX 23/1 DOSE	0	
PREVNAR 13	0	
PREVNAR 20	0	
TRUMENBA	0	
TYPHIM VI SOLN	0	
TYPHIM VI SOSY	0	
VAXCHORA	0	
VAXNEUVANCE	0	
VIVOTIF	0	
Viral Vaccines		
ABRYSVO	0	QL(1 ea per fill retail); AL(At least 60 yrs old)
ACAM2000	0	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUARIX QUADRIVALENT 2022-2023 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUARIX QUADRIVALENT 2023-2024 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
AFLURIA QUADRIVALENT 2022-2023 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUBLOK QUADRIVALENT 2021-2022	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
AFLURIA QUADRIVALENT 2022-2023 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUBLOK QUADRIVALENT 2022-2023	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
AFLURIA QUADRIVALENT 2023-2024 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUBLOK QUADRIVALENT 2023-2024	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
AFLURIA QUADRIVALENT 2023-2024 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
AREXVY	0	QL(1 ea per fill retail)	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
COMIRNATY 2023-24 SUSP	CO		FLUCELVAX QUADRIVALENT 2022-2023 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
COMIRNATY 2023-24 SUSY	CO		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
COMIRNATY SUSP	CO		FLUCELVAX QUADRIVALENT 2022-2023 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
DENGVAXIA	0		FLUCELVAX QUADRIVALENT 2023-2024 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
ENGERIX-B SUSP 20 MCG/ML	0	3 rtl MAX fill; 999 rtl day(s) supply	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
ENGERIX-B SUSY	0	3 rtl MAX fill; 999 rtl day(s) supply	FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
FLUAD QUADRIVALENT 2021-2022	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
FLUAD QUADRIVALENT 2022-2023	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLULAVAL QUADRIVALENT 2023-2024 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)
FLUAD QUADRIVALENT 2023-2024	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	FLUMIST QUADRIVALENT	0	
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2021-2022	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	JYNNEOS	0	
FLUZONE HIGH-DOSE PF 2022-2023	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	M-M-R II SOLR	0	
FLUZONE HIGH-DOSE PF 2023-2024	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	CO	
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	CO	
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	CO	
FLUZONE QUADRIVALENT 2022-2023 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	CO	
FLUZONE QUADRIVALENT 2022-2023 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE6-11Y SUSP	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSP	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE6MO-5Y SUSP	CO	
FLUZONE QUADRIVALENT 2023-2024 SUSY	0	1 rtl pack lmt amt; 180 rtl pack lmt day(s)	MODERNA COVID-19 VACCINE SUSP	CO	
GARDASIL 9 SUSP	0	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE	CO	
GARDASIL 9 SUSY	0	3 rtl MAX fill; 999 rtl day(s) supply; AL(Up to 45 yrs old)	NOVAVAX COVID-19 VACCINE/2023-24	CO	
HAVRIX	0		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	CO	
HEPLISAV-B SOSY	0	3 rtl MAX fill; 999 rtl day(s) supply	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	CO	
IMOVAX RABIES (H.D.C.V.) SUSR	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	CO	
IPOX INACTIVATED IPV	0		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	CO	
IXCHIQ	0		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	CO	
IXIARO	0				
JANSSEN COVID-19 VACCINE	CO				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	CO		VARIVAX INJ	0	2 rtl MAX fill; 999 rtl day(s) supply
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	CO		YF-VAX INJ	0	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	CO		VAGINAL AND RELATED PRODUCTS		
PFIZER-BIONTECH COVID-19VACCINE SUSP	CO		Spermicides		
PREHEVBRIO	0	3 rtl MAX fill; 999 rtl day(s) supply	ENCARE SUPP 100 MG	2	QL(12 ea per fill retail)
PRIORIX SUSR	0		OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	2	QL(86 gm per fill retail)
PROQUAD SUSR	0		VCF VAGINAL CONTRACEPTIVE FILM FILM	2	QL(9 ea per fill retail)
RABAVERT	0		VCF VAGINAL CONTRACEPTIVEGEL GEL	2	
RECOMBIVAX HB SUSP	0	3 rtl MAX fill; 999 rtl day(s) supply	Vaginal Anti-infectives		
RECOMBIVAX HB SUSY	0	3 rtl MAX fill; 999 rtl day(s) supply	<i>clindamycin phosphate vaginal CREA</i>	1	QL(40 gm per fill retail)
ROTARIX SUSP	0		CLINDESSE	2	
ROTARIX SUSR	0		<i>clotrimazole vaginal CREA 1 %</i>	1	QL(45 gm per fill retail)
ROTATEQ SOLN	0		<i>clotrimazole vaginal CREA 2 %</i>	1	QL(21 gm per fill retail)
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	CO		GYNAZOLE-1	2	
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	CO		<i>metronidazole vaginal</i>	1	QL(70 gm per fill retail)
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	CO		<i>miconazole nitrate vaginal CREA 2 %</i>	1	QL(45 gm per fill retail)
SPIKEVAX COVID-19 VACCINE SUSP	CO		<i>miconazole nitrate vaginal CREA 4 %</i>	1	QL(15 gm daily)
STAMARIL SUSR	0		<i>miconazole nitrate vaginal KIT</i>	1	QL(24 ea per fill retail)
TICOVAC	0		<i>miconazole nitrate vaginal SUPP 100 MG</i>	1	QL(7 ea per fill retail)
TWINRIX SUSY	0		<i>miconazole nitrate vaginal SUPP 200 MG</i>	1	QL(3 ea per fill retail)
VAQTA	0		NUVESSA	2	
			<i>terconazole vaginal CREA 0.8 %</i>	1	QL(20 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal CREA 0.4 %</i>	1	QL(45 gm per fill retail)	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	QL(6 ea per 180 days retail)
<i>terconazole vaginal SUPP</i>	1	QL(3 ea per fill retail)	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	QL(6 ea per 180 days retail)
<i>tioconazole vaginal 6.5 %</i>	1	QL(5 gm per fill retail)	Neurogenic Orthostatic Hypotension (NOH) - Agents		
VANDAZOLE	NP	QL(70 gm per fill retail)	<i>droxidopa</i>	1	SP; PA
XACIATO GEL	NP		Vasopressors		
Vaginal Anti-inflammatory Agents			<i>midodrine hcl</i>	1	
<i>hydrocortisone vaginal</i>	1	QL(85.2 gm per fill retail)	VITAMINS		
Vaginal Estrogens			Oil Soluble Vitamins		
<i>estradiol vaginal CREA</i>	1	QL(43 gm per 30 days retail)	<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	1	
<i>estradiol vaginal TABS</i>	1		<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	1	QL(0.267 ea daily)
PREMARIN	2	QL(43 gm per 30 days retail)	<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	1	QL(2 ea daily)
Vaginal Progestins			<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML, 400 UT/0.028ML</i>	1	
CRINONE GEL	2	AL(At least 15 yrs old)	<i>ergocalciferol CAPS</i>	1	
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)	KEY-E CHEW	2	QL(2 ea daily)
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	2	AL(At least 15 yrs old)	<i>phytonadione TABS 5 MG</i>	1	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions			VITAMIN D3 LIQD OR 5000 UNIT/ML	2	
Anaphylaxis Therapy Agents			<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	1	QL(2 ea daily)
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(6 ea per 180 days retail)	VITAMIN E CAPS 200 UNIT	2	QL(2 ea daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 days retail)	VITAMIN E CHEW	2	QL(2 ea daily)
<i>epinephrine (anaphylaxis) SOAJ</i>	1	QL(6 ea per 180 days retail)	Water Soluble Vitamins		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	QL(6 ea per 180 days retail; 6 ea per 180 days mail)	<i>ascorbic acid TABS</i>	1	QL(100 ea per 34 days retail)

Drug Name	Drug Tier	Requirements/ Limits
B-1 TABS	2	QL(2.94 ea daily)
NIACIN TR TBCR	2	
<i>niacin CPCR 250 MG, 500 MG</i>	1	
<i>niacin TABS 500 MG</i>	1	
<i>niacin TBCR</i>	1	
<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	1	
<i>riboflavin TABS</i>	1	QL(2.94 ea daily)
<i>thiamine hcl TABS</i>	1	QL(2.94 ea daily)
<i>thiamine mononitrate TABS 100 MG</i>	1	QL(2.94 ea daily)

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amphetamine-dextroamphetamine CP24 12.5 MG-12.5 MG-12.5 MG- 12.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 6.25 MG-6.25 MG- 6.25 MG-6.25 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	1	ARMONAIR DIGIHALER	10	ATORVALIQ SUSP	24
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AZSTARYS	2	FINE/32G X 6MM	55
b complex w/ c CAPS	74	66	BENLYSTA SOLR
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BACID CAPS	18	66	benzonatate 100 MG
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BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	79	bisoprolol fumarate	36	BREATHE EASE/SMALL MASK DEVI	68
BEVESPI AEROSPHERE	11	BIVIGAM SOLN 10 %	81	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	68
bexarotene (topical)	43	BIVIGAM SOLN 5 GM/50ML	81	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	68
bexarotene	30	BLEPHAMIDE S.O.P. OINT	80	BREO ELLIPTA	11
BEXSERO	87	BLEPHAMIDE SUSP	80	BREZTRI AEROSPHERE	11
BEYFORTUS	82	BLINCYTO	28	BRIDION	22
bicalutamide	29	BONJESTA TBCR	22	BRILINTA	56
BIKTARVY 120 MG-30 MG-15 MG	33	BOOSTRIX SUSP	85	brimonidine tartrate 0.1 %, 0.15 %	79
BIKTARVY 200 MG-50 MG-25 MG	33	BOOSTRIX SUSY	85	brimonidine tartrate 0.2 %	79
BILAC CAPS	18	bortezomib SOLR IJ	29	brimonidine tartrate-timolol maleate	78
bimatoprost SOLN	81	BORTEZOMIB SOLR IV 3.5 MG	29	BRIUMVI	84
BINAXNOW COVID-19 AG CARD	48	bosentan TABS	37	BRIVIACT SOLN IV 50 MG/5ML	12
BINAXNOW COVID-19 AG CARD HOME TEST KIT	48	BOSULIF TABS 100 MG, 500 MG	29	BRIXADI SOSY	7
BIOHM PROBIOTIC SUPPLEMENT CAPS	18	BOTOX IJ	77	bromfenac sodium (ophth) 0.09 %	80
BIOHM PROBIOTIC SUPPLEMENT/VITAMIN C CAPS	18	BPROTECTED PEDIA POLY-VITE SOLN OR	75	bromocriptine mesylate CAPS	31
BIO-KULT CAPS	18	BPROTECTED PEDIA POLY- VITE/IRON SOLN	74	bromocriptine mesylate TABS 2.5 MG	31
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	73	BRAFTOVI 75 MG	29	brompheniramine & phenyleph ELIX	41
BIOTHRAX	87	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	67	brompheniramine & pseudoeph ELIX	41
bisacodyl SUPP	58	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	67	brompheniramine & pseudoeph LIQD	

15 MG/5ML-1 MG/5ML	41	bupropion hcl TB24 450 MG	14	calcium acetate (phosphate binder) TABS	54
BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	68	buspirone hcl	9	calcium carbonate (antacid) CHEW 500 MG	8
budesonide (inhalation) SUSP	10	butalbital-acetaminophen TABS 50 MG-325 MG	5	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG	72
budesonide TB24	41	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium polycarbophil TABS	58
budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	CAMCEVI	29
bumetanide TABS	50	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	camphor & menthol LOTN	44
BUPHENYL POWD (Use sodium phenylbutyrate)	52	butalbital-aspirin-caffeine CAPS	5	CANASA SUPP (Use mesalamine) 53	
BUPHENYL TABS (Use sodium phenylbutyrate)	52	butalbital-aspirin-caffeine w/cod	7	candesartan cilexetil	25
buprenorphine hcl SUBL	7	BUTRANS PTWK (Use buprenorphine)	7	candesartan cilexetil- hydrochlorothiazide	25
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG ...	7	BYETTA SOPN 10 MCG/0.04ML ..	16	capecitabine	27
buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG	7	BYETTA SOPN 5 MCG/0.02ML ...	16	CAPHOSOL SOLN	73
buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG	7	CABOMETYX TABS	30	CAPLYTA	32
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	7	caffeine citrate SOLN OR	1	CAPRELSA	30
buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG	7	calcipotriene CREA	44	capsaicin CREA 0.025 %, 0.075 % 47	
buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG	7	calcipotriene FOAM	44	capsaicin CREA 0.1 %	47
buprenorphine PTWK	7	CALCIPOTRIENE FOAM	44	captopril & hydrochlorothiazide ...	25
bupropion hcl (smoking deterrent) 84		calcipotriene OINT	44	captopril	25
bupropion hcl TABS	14	calcipotriene SOLN	44	CAPZASIN-P CREA	47
bupropion hcl TB12 100 MG	14	calcipotriene-betamethasone dipropionate OINT	45	CARAC CREA (Use fluorouracil (topical))	43
bupropion hcl TB12 150 MG	14	calcipotriene-betamethasone dipropionate SUSP	45	CARBAGLU (Use carglumic acid) 52	
bupropion hcl TB12 200 MG	14	calcitonin (salmon) IJ	51	carbamazepine CHEW	12
bupropion hcl TB12 300 MG	14	calcitonin (salmon) NA	51	carbamazepine CP12	12
bupropion hcl TB24 150 MG	14	calcitriol CAPS	52	carbamazepine SUSP	12
bupropion hcl TB24 300 MG	14	calcium acetate (phosphate binder) CAPS	54	carbamazepine TABS	12

carbamazepine TB12	12	cefaclor CAPS	38	cetirizine hcl CHEW	23
carbamide peroxide (otic) 6.5 % ...	81	CEFACLOR ER TB12	38	cetirizine hcl SOLN OR	23
CARBATROL CP12 (Use carbamazepine)	12	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	38	cetirizine hcl SYRP OR	23
carbidopa	31	cefadroxil CAPS	38	cetirizine hcl TABS	23
carbidopa-levodopa TABS	31	cefadroxil SUSR	38	CHEMET	22
carbidopa-levodopa TBCR	31	cefadroxil TABS	38	CHEMSTRIP-K STRP	48
carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML	27	cefdinir CAPS	38	CHENODAL	53
CAREONE LANCET SUPER THIN/30G	59	cefdinir SUSR	38	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	4
CAREONE LANCET THIN	59	cefixime CAPS	38	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	4
CARESENS LANCETS	59	cefixime SUSR	38	chlordiazepoxide hcl CAPS	9
CARESTART COVID-19 ANTIGEN HOME TEST KIT	48	cefepodoxime proxetil SUSR	38	chlorhexidine gluconate (mouth-throat)	73
CARETOUCH TWIST LANCETS 28G	60	cefepodoxime proxetil TABS	38	chloroquine phosphate TABS 250 MG	27
CARETOUCH TWIST LANCETS 30G	60	cefprozil SUSR	38	chloroquine phosphate TABS 500 MG	27
CARETOUCH TWIST LANCETS MULTI COLOR/30G	60	cefprozil TABS	38	chlorpheniramine maleate SYRP ..	23
carglumic acid	52	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	38	chlorpheniramine maleate TABS ..	23
carisoprodol TABS 250 MG	75	cefuroxime axetil TABS	38	chlorpromazine hcl TABS	32
carisoprodol TABS 350 MG	75	celecoxib	4	chlorthalidone 25 MG, 50 MG	50
carisoprodol w/ aspirin & codeine ..	76	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	48	chlorzoxazone TABS 250 MG, 375 MG, 750 MG	75
carteolol hcl (ophth)	78	CELONTIN (Use methsuximide) ..	13	chlorzoxazone TABS 500 MG	75
carvedilol 25 MG	36	CENTANY OINT	43	CHOLBAM	53
carvedilol 3.125 MG, 6.25 MG, 12.5 MG	36	cephalexin CAPS 250 MG, 500 MG 38		cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT	91
carvedilol phosphate	36	cephalexin SUSR	38	cholecalciferol CAPS 125 MCG, 5000 UNIT	91
CASTIVA WARMING LOTN	47	CEPROTIN	56	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT	91
CAYSTON	26	CEQUA SOLN	80	cholecalciferol LIQD OR 10 MCG/ML,	
		CERDELGA	56		
		CEREZYME 400 UNIT	56		
		cetirizine hcl CAPS	23		

400 UNIT/ML, 400 UT/0.028ML ... 91	CAPS .....14	SOLN 42
cholestyramine light PACK 24	citalopram hydrobromide SOLN ... 14	clindamycin phosphate vaginal CREA.....90
cholestyramine light POWD 24	citalopram hydrobromide TABS ... 14	clindamycin phosphate-benzoyl peroxide (refrigerate) 42
cholestyramine PACK 24	cladribine 10 MG/10ML 27	clindamycin phosphate-benzoyl peroxide GEL 42
cholestyramine POWD 24	clarithromycin SUSR 59	clindamycin phosphate-tretinoin .. 42
CHORIONIC GONADOTROPIN IM 51	clarithromycin TABS 59	CLINDESSE .....90
CIBINQO 47	clarithromycin TB24 59	CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT 48
ciclopirox SOLN 43	CLEANLET LANCETS 28G 60	clobazam SUSP 12
cilostazol 56	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT 48	clobazam TABS 12
cimetidine TABS 200 MG 86	clemastine fumarate TABS 1.34 MG . 23	clobetasol propionate CREA 0.05 % . 45
cimetidine TABS 300 MG, 400 MG 86	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI .68	clobetasol propionate emollient base 0.05 % 45
cimetidine TABS 800 MG 86	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM DEVI 68	clobetasol propionate emulsion ... 45
cinacalcet hcl 52	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI .68	clobetasol propionate FOAM 45
CINQAIR 10	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL DEVI 68	clobetasol propionate GEL 0.05 % 45
CINRYZE SOLR IV 55	CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI .68	clobetasol propionate LIQD 45
CIPRO SUSR 53	clindamycin hcl 150 MG, 300 MG . 26	clobetasol propionate LOTN 45
CIPRODEX (Use ciprofloxacin- dexamethasone) 81	clindamycin palmitate hydrochloride . 26	clobetasol propionate OINT 0.05 % 45
ciprofloxacin hcl (ophth) SOLN 79	clindamycin phosphate (topical) GEL 42	clobetasol propionate SHAM 45
ciprofloxacin hcl (otic) 81	clindamycin phosphate (topical) LOTN 42	clobetasol propionate SOLN 0.05 % . 45
ciprofloxacin hcl TABS 100 MG ... 53	clindamycin phosphate (topical) LOTN 42	clocortolone pivalate 45
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 53	clonazepam TABS 12	CLODERM (Use clocortolone pivalate) 45
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML 53	clonazepam TBDP 12	
ciprofloxacin-dexamethasone 81		
cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML 27		
CISPLATIN SOLR 27		
CITALOPRAM HYDROBROMIDE		

clonidine hcl (adhd) TB12	2	COMBIPATCH PTTW	52	SOAJ	44
clonidine hcl TABS	25	COMBIVENT RESPIMAT AERS ..	11	COSENTYX SOLN	44
clopidogrel bisulfate 300 MG	56	COMBIVIR (Use lamivudine- zidovudine)	33	COSENTYX SOSY	44
clopidogrel bisulfate 75 MG	56	COMETRIQ KIT	30	COSENTYX UNOREADY SOAJ ..	44
clorazepate dipotassium TABS	9	COMFORT ASSURED LANCETS SUPER THIN 28G	60	COSOPT (Use dorzolamide hcl- timolol maleate)	78
clotrimazole (topical) CREA	43	COMFORT LANCETS	60	cosyntropin SOLR	48
clotrimazole (topical) SOLN	43	COMIRNATY 2023-24 SUSP	88	COTELLIC	30
clotrimazole vaginal CREA 1 %	90	COMIRNATY 2023-24 SUSY	88	COVID-19 AG TEST KIT	48
clotrimazole vaginal CREA 2 %	90	COMIRNATY SUSP	88	COVID-19 AT-HOME TEST KIT KIT .	48
clotrimazole w/ betamethasone CREA	43	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..	68	COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	48
clotrimazole w/ betamethasone LOTN	43	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	68	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	49
clozapine TABS	32	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	68	CREON CPEP	50
clozapine TBDP	32	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	68	CRINONE GEL	91
CO MONITOR REPLACEMENT TPIECES MISC	68	COMPLERA	33	cromolyn sodium (nasal) 5.2 MG/ACT	76
COAGADEX	55	CONCERTA TBCR (Use methylphenidate hcl)	2	cromolyn sodium (ophth)	80
coal tar extract SHAM 0.5 %	48	CONDOMS-MISC	59	cromolyn sodium NEBU	10
COARTEM	27	CONZIP CP24 (Use tramadol hcl) ..	6	CRYSVITA	52
COBAS LIAT SARS-COV-2 ASSAY .	48	COPAXONE SOSY (Use glatiramer acetate)	84	CULTURELLE ADULT ULTIMATEBALANCE CAPS	21
COBAS LIAT SARS-COV-2 CONTROL	48	CORDRAN OINT	45	CULTURELLE ADVANCED IMMUNE DEFENSE CAPS	18
codeine sulfate TABS 30 MG	6	CORIFACT	55	CULTURELLE DIGESTIVE DAILY PROBIOTIC CAPS	21
CODEINE SULFATE TABS	6	CORTISONE ACETATE TABS ...	41	CULTURELLE DIGESTIVE DAILY PROBIOTIC PRO STRENGTH CAPS	21
colchicine TABS	55	CORTROPHIN	51	CULTURELLE DIGESTIVE HEALTH CAPS	21
colchicine w/ probenecid	54	COSENTYX SENSOREADY PEN		CULTURELLE DIGESTIVE HEALTH	
colestipol hcl GRAN	24				
colestipol hcl TABS	24				
COMBIGAN (Use brimonidine tartrate-timolol maleate)	78				

CHEW	21	CVS EVERYDAY CARE PROBIOTIC CAPS	18	cyclopentolate hcl 0.5 %	79
CULTURELLE DIGESTIVE HEALTH PROBIOTIC CAPS	21	CVS GLUCOSE CHEW	15	cyclopentolate hcl 1 %	79
CULTURELLE HEALTH & WELLNESS CAPS	21	CVS LANCETS 21G	60	cyclophosphamide CAPS 50 MG ..	27
CULTURELLE KIDS CHEW	18	CVS LANCETS MICRO THIN 33G 60		CYCLOPHOSPHAMIDE TABS	27
CULTURELLE KIDS PACK	18	CVS LANCETS MICRO-THIN 33G 60		cyclosporine (ophth) EMUL	80
CULTURELLE KIDS PROBIOTIC + FIBER PACK	18	CVS LANCETS ORIGINAL	60	cyclosporine CAPS	72
CULTURELLE KIDS PURELY PRBIOTICS CHEW	18	CVS LANCETS THIN 26G	60	cyclosporine modified (for microemulsion) CAPS	72
CULTURELLE KIDS PURELY PROBIOTICS PACK	18	CVS LANCETS ULTRA THIN 30G 60		cyclosporine modified (for microemulsion) SOLN	72
CULTURELLE METABOLISM/WEIGHT MANAGEMENT CAPS	18	CVS LANCETS ULTRA-THIN 30G 60		cyclosporine SOLN IV 50 MG/ML ..	72
CULTURELLE PROBIOTICS KIDS PACK	18	CVS MOOD SUPPORT PROBIOTIC CAPS	18	CYLTEZO AJKT	3
CULTURELLE PRO-WELL CAPS ..	18	CVS PREP PADS	66	CYLTEZO PSKT	3
CULTURELLE ULTIMATE STRENGTH PROBIOTIC CAPS ..	22	CVS PROBIOTIC ADULT 50+ CAPS 18		CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	66	CVS PROBIOTIC CAPS	18	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3
CUVITRU SOLN	81	CVS PROBIOTIC MAXIMUM STRENGTH CAPS	18	CYMBALTA CPEP (Use duloxetine hcl)	14
CVS ADULT 50+ PROBIOTIC CAPS 18		CVS PROBIOTIC PEARLS EXTRA STRENGTH CAPS	18	cyproheptadine hcl SYRP	24
CVS ADULT PROBIOTIC CAPS ..	18	CVS SENIOR PROBIOTIC CAPS ..	18	cyproheptadine hcl TABS	24
CVS ALCOHOL PREP PADS	66	CVS SOFT GLUCOSE CHEW	15	CYRAMZA	28
CVS COVID-19 AT HOME TESTKIT KIT	49	CVS ULTRA THIN LANCETS	60	CYSTAGON CAPS	54
CVS DAILY PROBIOTIC CAPS ...	18	cyanocobalamin SOLN IJ 1000 MCG/ML	56	CYSTARAN	81
CVS DIGESTIVE PROBIOTIC CAPS	18	cyclobenzaprine hcl CP24	75	cytarabine SOLN	27
CVS DRY MOUTH SPRAY SOLN ..	73	cyclobenzaprine hcl TABS 5 MG, 10 MG	75	CYTOGAM	81
		cyclobenzaprine hcl TABS 7.5 MG 75		dabigatran etexilate mesylate CAPS .	12
		CYCLOGYL 0.5 %	79	DAILY DIGESTIVE PROBIOTIC CAPS	18
				DAILY PROBIOTIC CAPS	18
				dalfampridine	84

dantrolene sodium CAPS	75	19	DEXAMETHASONE INTENSOL CONC	41	
dapagliflozin propanediol	17	DESCOVY 120 MG-15 MG	33	dexamethasone sodium phosphate (ophth)	80
dapsone	26	DESCOVY 200 MG-25 MG	33	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	41
DAPTACEL	85	desipramine hcl TABS	15	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	41
DARAPRIM (Use pyrimethamine) 27		desloratadine TBDP	23	dexamethasone SOLN	41
darifenacin hydrobromide	87	desmopressin acetate SOLN IJ ...	52	dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG ..	41
darunavir TABS	33	DESMOPRESSIN ACETATE SOLN NA	52	dexchlorpheniramine maleate SOLN .	23
DARZALEX	28	desmopressin acetate spray	52	dexmedetomidine hcl in sodium chloride SOLN	58
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	29	desmopressin acetate spray refrigerated	52	dexmedetomidine hcl SOLN	58
DAURISMO	29	desmopressin acetate TABS	52	dexmethylphenidate hcl CP24	2
DAYHIST ALLERGY 12 HOUR RELIEF TABS	23	desogestrel & ethinyl estradiol	38	dexmethylphenidate hcl TABS	2
decitabine	27	desogestrel-ethinyl estradiol (biphasic)	38	dexrazoxane hcl	30
deferasirox PACK	22	desogestrel-ethinyl estradiol (triphasic)	38	DEXTENZA INST	80
deferasirox TABS	22	desonide CREA	45	dextroamphetamine sulfate CP24 10 MG, 15 MG	1
deferasirox TBSO	22	desonide LOTN	45	dextroamphetamine sulfate CP24 5 MG	1
deferiprone TABS	22	desonide OINT	45	dextroamphetamine sulfate SOLN ..	1
deferroxamine mesylate	22	desoximetasone CREA 0.05 % ...	45	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
DEFITELIO	56	desoximetasone CREA 0.25 % ...	45	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	41
deflazacort TABS	41	desoximetasone GEL	45	dextromethorphan-guaifenesin SYRP	
DEFLUX	54	desoximetasone LIQD	45		
DELSTRIGO	33	desoximetasone OINT	45		
DENAVIR (Use penciclovir)	44	DESVENLAFAXINE ER	14		
DENGVAXIA	88	desvenlafaxine succinate 100 MG .	14		
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	13	desvenlafaxine succinate 25 MG, 50 MG	14		
DEPO-SUBQ PROVERA 104 SUSY SC	40	DEX4 QUICK DISSOLVE GLUCOSE CHEW	15		
DERMACINRX PROBISOL CAPS .	19	dexamethasone ELIX	41		
DERMACINRX PROBITRAN CAPS					

100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML- 10 MG/5ML, 200 MG/10ML-20 MG/10ML	41	DIGESTIVE ADVANTAGE ADVANCED PROBIOTICS MULTI- STRAIN SUPPORT CAPS	19	diltiazem hcl extended release beads	36
DHIVY TABS	31	DIGESTIVE ADVANTAGE CAPS .	19	diltiazem hcl TABS	36
DIATHRIVE LANCETS	60	DIGESTIVE ADVANTAGE DAILYDIGESTIVE & IMMUNE SUPPORT CAPS	19	diltiazem hcl TB24	36
DIATHRIVE LANCETS ULTRA THIN 30G	60	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+GAS DEFENSE CAPS	19	dimethyl fumarate CDPK	84
diazepam CONC	9	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+INTENSIVE BOWEL SUPPORT CAPS	19	dimethyl fumarate CPDR	84
DIAZEPAM SOAJ	9	DIGESTIVE ADVANTAGE DAILYPROBIOTICS+LACTOSE SUPPORT CAPS	19	diphenhydramine hcl (sleep) CAPS 57	
diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	9	DIGESTIVE ADVANTAGE LACTOSE SUPPORT CAPS	19	diphenhydramine hcl (sleep) LIQD	57
DIAZEPAM SOLN IJ 5 MG/ML	9	digoxin SOLN OR 0.05 MG/ML ...	37	diphenhydramine hcl (sleep) TABS 25 MG	57
diazepam SOLN OR 5 MG/5ML	9	digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	37	diphenhydramine hcl (sleep) TABS 50 MG	57
diazepam TABS	9	dihydroergotamine mesylate SOLN NA 4 MG/ML	71	diphenhydramine hcl (sleep) TBDP 57	
diazoxide	15	DILANTIN (Use phenytoin sodium extended)	13	diphenhydramine hcl CAPS	23
dibucaine	47	DILANTIN INFATABS CHEW (Use phenytoin)	13	diphenhydramine hcl ELIX 12.5 MG/5ML	23
diclofenac potassium TABS 50 MG .	4	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG	36	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	23
diclofenac sodium (ophth)	81	diltiazem hcl coated beads CP24 240 MG	36	diphenhydramine hcl TABS 25 MG 23	
diclofenac sodium (topical) GEL EX 43		diltiazem hcl CP12	36	diphenhydramine-acetaminophen (sleep) TABS	57
diclofenac sodium TB24	4	diltiazem hcl CP24 120 MG, 240 MG 36		diphenoxylate w/ atropine LIQD ...	22
diclofenac sodium TBEC	4	diltiazem hcl CP24 180 MG	36	diphenoxylate w/ atropine TABS ...	22
dicloxacillin sodium	82			DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ...	86
dicyclomine hcl CAPS	86			dipyridamole	56
dicyclomine hcl SOLN OR	86			disopyramide phosphate CAPS	9
dicyclomine hcl TABS	86			disulfiram 250 MG	83
DIFFERIN LOTN	42			divalproex sodium CSDR	13
DIFF-STAT CAPS	19			divalproex sodium TB24	13
diflorasone diacetate CREA	45				
diflorasone diacetate OINT	45				
diflunisal TABS	6				

divalproex sodium TBEC	13	doxepin hcl CONC	15	DUPIXENT SOSY 100 MG/0.67ML	47
docetaxel CONC 160 MG/8ML	31	doxycycline (monohydrate) CAPS 50	85	dutasteride	54
DOCETAXEL CONC 160 MG/8ML	31	MG, 100 MG	85	dutasteride-tamsulosin hcl	54
DOCETAXEL SOLN 20 MG/2ML, 80	31	doxycycline (monohydrate) TABS 50	85	DYANA VEL XR CHER	1
MG/8ML, 160 MG/16ML	31	MG, 100 MG	85	DYSPORT	77
docetaxel SOLN	31	doxycycline hyclate CAPS	85	E.E.S. GRANULES SUSR (Use	
docusate sodium CAPS 100 MG, 250	59	doxycycline hyclate TABS 100 MG	85	erythromycin ethylsuccinate)	59
MG	59	doxylamine succinate (sleep)	57	EASIVENT MISC	68
docusate sodium CAPS 50 MG ...	59	doxylamine-pyridoxine TBEC	22	EASIVENT/MASK-LARGE MISC ..	68
docusate sodium LIQD	59	droperidol SOLN 2.5 MG/ML	9	EASIVENT/MASK-MEDIUM MISC	68
docusate sodium SYRP	59	DROPLET LANCETS ULTRA THIN	60	EASIVENT/MASK-SMALL MISC ..	68
DOCUSATE SODIUM SYRP	59	30G	60	EASY TOUCH ALCOHOL PREP	
docusate sodium TABS	59	DROPSAFE ALCOHOL PREP PADS	66	PADS/MEDIUM	66
dofetilide	9	.....	66	EASY TOUCH LANCETS 26G/PULL-	
donepezil hydrochloride TABS 23	83	drospirenone-ethinyl estradiol	38	TOP	60
MG	83	drospirenone-ethinyl estradiol-	38	EASY TOUCH LANCETS 28G/PULL-	
donepezil hydrochloride TABS 5 MG,	83	levomefolate calcium	38	TOP	60
10 MG	83	DROXIA CAPS	56	EASY TOUCH LANCETS	
donepezil hydrochloride TBDP	83	droxidopa	91	28G/TWIST	60
DOPTELET	56	DRUG MART LANCETS THIN ...	60	EASY TOUCH LANCETS 30G/PULL-	
dorzolamide hcl	81	DRUG MART UNILET	60	TOP	60
DORZOLAMIDE HCL	81	LANCETSSUPER THIN 30G	60	EASY TOUCH LANCETS	
DORZOLAMIDE HCL/TIMOLOL	78	DRUG MART UNILET	60	30G/TWIST	60
MALEATE	78	LANCETSULTRA THIN 28G	60	EASY TOUCH LANCETS 32G/PULL-	
dorzolamide hcl-timolol maleate ..	79	DRUG MART UNILET MICRO THIN	60	TOP	60
DOVATO	33	LANCETS 33G	60	EASY TOUCH LANCETS	
doxazosin mesylate	25	DULERA 100 MCG/ACT-5	11	32G/TWIST	60
doxepin hcl (sleep)	58	MCG/ACT, 200 MCG/ACT-5	11	EASY TOUCH LANCETS	
doxepin hcl CAPS 10 MG, 25 MG, 50	15	MCG/ACT	11	33G/TWIST	60
MG, 75 MG, 100 MG	15	DULERA 50 MCG/ACT-5 MCG/ACT .	11	EBASE CONTROLLER KIT MISC	68
doxepin hcl CAPS 150 MG	15	11		econazole nitrate CREA	43
		duloxetine hcl CPEP	14	ECOTEST COVID -19 IGG/IGM	
		DUPIXENT SOPN	47	RAPID TEST DEVICE	49

ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin)	6	ELEVIDYS 23.5-24.4 KG	77	ELEVIDYS 53.5-54.4 KG	77
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	6	ELEVIDYS 24.5-25.4 KG	77	ELEVIDYS 54.5-55.4 KG	77
ECOTRIN TBEC (Use aspirin)	6	ELEVIDYS 25.5-26.4 KG	77	ELEVIDYS 55.5-56.4 KG	77
EDURANT	33	ELEVIDYS 26.5-27.4 KG	77	ELEVIDYS 56.5-57.4 KG	77
efavirenz CAPS 200 MG	33	ELEVIDYS 27.5-28.4 KG	77	ELEVIDYS 57.5-58.4 KG	77
efavirenz CAPS 50 MG	33	ELEVIDYS 28.5-29.4 KG	77	ELEVIDYS 58.5-59.4 KG	77
efavirenz TABS	33	ELEVIDYS 29.5-30.4 KG	77	ELEVIDYS 59.5-60.4 KG	77
efavirenz-emtricitabine-tenofovir disoproxil fumarate	33	ELEVIDYS 30.5-31.4 KG	77	ELEVIDYS 60.5-61.4 KG	77
efavirenz-lamivudine-tenofovir disoproxil fumarate	33	ELEVIDYS 31.5-32.4 KG	77	ELEVIDYS 61.5-62.4 KG	77
ELAPRASE	52	ELEVIDYS 32.5-33.4 KG	77	ELEVIDYS 62.5-63.4 KG	77
ELELYSO	56	ELEVIDYS 33.5-34.4 KG	77	ELEVIDYS 63.5-64.4 KG	77
ELEPSIA XR TB24	12	ELEVIDYS 34.5-35.4 KG	77	ELEVIDYS 64.5-65.4 KG	77
eletriptan hydrobromide	71	ELEVIDYS 35.5-36.4 KG	77	ELEVIDYS 65.5-66.4 KG	77
ELEVIDYS 10.0-10.4 KG	77	ELEVIDYS 36.5-37.4 KG	77	ELEVIDYS 66.5-67.4 KG	77
ELEVIDYS 10.5-11.4 KG	77	ELEVIDYS 37.5-38.4 KG	77	ELEVIDYS 67.5-68.4 KG	77
ELEVIDYS 11.5-12.4 KG	77	ELEVIDYS 38.5-39.4 KG	77	ELEVIDYS 68.5-69.4 KG	77
ELEVIDYS 12.5-13.4 KG	77	ELEVIDYS 39.5-40.4 KG	77	ELEVIDYS 69.5 KG PLUS	77
ELEVIDYS 13.5-14.4 KG	77	ELEVIDYS 40.5-41.4 KG	77	ELIDEL (Use pimecrolimus)	47
ELEVIDYS 14.5-15.4 KG	77	ELEVIDYS 41.5-42.4 KG	77	ELIGARD KIT SC 7.5 MG	29
ELEVIDYS 15.5-16.4 KG	77	ELEVIDYS 42.5-43.4 KG	77	ELIGARD SC 22.5 MG, 30 MG, 45 MG	29
ELEVIDYS 16.5-17.4 KG	77	ELEVIDYS 43.5-44.4 KG	77	ELIQUIS STARTER PACK TBPK ..	12
ELEVIDYS 17.5-18.4 KG	77	ELEVIDYS 44.5-45.4 KG	77	ELIQUIS TABS	12
ELEVIDYS 18.5-19.4 KG	77	ELEVIDYS 45.5-46.4 KG	77	ELLA	40
ELEVIDYS 19.5-20.4 KG	77	ELEVIDYS 46.5-47.4 KG	77	ELLENCE SOLN	29
ELEVIDYS 20.5-21.4 KG	77	ELEVIDYS 47.5-48.4 KG	77	ELLUME COVID-19 HOME TEST KIT	49
ELEVIDYS 21.5-22.4 KG	77	ELEVIDYS 48.5-49.4 KG	77	ELMIRON CAPS	54
ELEVIDYS 22.5-23.4 KG	77	ELEVIDYS 49.5-50.4 KG	77	ELOCTATE	55
		ELEVIDYS 50.5-51.4 KG	77	EMCYT	29
		ELEVIDYS 51.5-52.4 KG	77	EMFLAZA SUSP	41
		ELEVIDYS 52.5-53.4 KG	77		

EMGALITY SOAJ	71	ENTRESTO	37	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ...	68
EMGALITY SOSY 100 MG/ML	71	ENTYVIO SOPN	53	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	68
EMGALITY SOSY 120 MG/ML	71	ENVIVE CAPS	19	EQL COLOR LANCETS 21G	60
EMPLICITI	28	EPCLUSA PACK	35	EQL COLOR LANCETS MICRO THIN 33G	60
emtricitabine CAPS	33	EPCLUSA TABS	35	EQL DAILY PROBIOTIC CAPS ...	19
emtricitabine-tenofovir disoproxil fumarate	33	EPIFOAM FOAM	45	EQL DRY MOUTH ORAL RINSE SOLN	73
EMTRIVA CAPS (Use emtricitabine) . 33		epinastine hcl (ophth)	81	EQL PROBIOTIC COLON SUPPORT CAPS	19
EMTRIVA SOLN	33	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	91	EQL SUPER THIN LANCETS 30G 60	
EMVERM CHEW	8	epinephrine (anaphylaxis) SOAJ ..	91	EQL THIN LANCETS 26G	61
enalapril maleate & hydrochlorothiazide	25	epinephrine hcl (nasal)	76	ERBITUX	28
enalapril maleate TABS	25	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	91	ergocalciferol CAPS	91
ENBREL MINI SOCT	5	EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	91	ergoloid mesylates TABS	84
ENBREL SOLN	5	EPIVIR SOLN (Use lamivudine) ...	33	ergotamine w/ caffeine TABS	71
ENBREL SOLR	5	EPIVIR TABS 150 MG (Use lamivudine)	33	ERIVEDGE	29
ENBREL SOSY	5	EPIVIR TABS 300 MG (Use lamivudine)	33	ERLEADA 60 MG	29
ENBREL SURECLICK SOAJ	5	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	56	erlotinib hcl	28
ENCARE SUPP 100 MG	90	epoprostenol sodium	37	ertapenem sodium IJ	26
ENGERIX-B SUSP 20 MCG/ML ...	88	EPRONTIA SOLN	12	ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	59
ENGERIX-B SUSY	88	EPZICOM (Use abacavir sulfate- lamivudine)	33	erythromycin (acne aid) GEL	42
enoxaparin sodium SOLN IJ 300 MG/3ML	12	EQ PROBIOTIC CPDR	19	erythromycin (acne aid) SOLN	42
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	12	EQ PROBIOTIC DIGESTIVE SYSTEM SUPPORT CAPS	19	erythromycin (ophth)	79
enoxaparin sodium SOSY 30 MG/0.3ML	12	EQ SPACE CHAMBER ANTI- STATIC DEVI	68	ERYTHROMYCIN	79
enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML	12	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	68	erythromycin base CPEP	59
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	12	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	68	erythromycin base TABS	59
ENTADFI	54			erythromycin ethylsuccinate SUSR 59	

erythromycin ethylsuccinate TABS	59	EULEXIN	29	FABRAZYME	52
escitalopram oxalate SOLN	14	EVENITY	51	famciclovir	35
escitalopram oxalate TABS	14	everolimus (immunosuppressant)	72	famotidine TABS 10 MG	86
esomeprazole magnesium CPDR	86	everolimus TABS	30	famotidine TABS 20 MG, 40 MG	86
esomeprazole magnesium PACK	86	everolimus TBSO	30	FARXIGA	17
ESOMEPRAZOLE STRONTIUM 49.3 MG	86	EVOMELA	27	FARYDAK	30
ESPEROCT	55	EVOTAZ	33	FASENRA PEN SOAJ	10
estazolam	58	EXELON 13.3 MG/24HR (Use rivastigmine)	83	FASTEP COVID-19 ANTIGEN HOME TEST KIT	49
estradiol & norethindrone acetate TABs	52	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	83	FASTEP COVID-19 IGG/IGM RAPID TEST DEVICE	49
estradiol PTTW	53	exemestane	29	FEIBA	55
estradiol PTWK	53	EXFORGE HCT (Use amlodipine- valsartan-hydrochlorothiazide)	25	felbamate SUSP	13
estradiol TABS	53	EXONDYS 51	77	felbamate TABS	13
estradiol vaginal CREA	91	EYLEA SOLN	79	felodipine	36
estradiol vaginal TABS	91	EYSUVIS SUSP	80	FEM-DOPHILUS WOMENS CAPS 19	
eszopiclone	58	E-Z JECT LANCETS	61	fenofibrate CAPS	24
ethambutol hcl TABS	27	E-Z JECT LANCETS 21G	61	fenofibrate micronized 134 MG, 200 MG	24
ethosuximide CAPS	13	E-Z JECT LANCETS COLOR	61	fenofibrate micronized 30 MG, 43 MG, 90 MG, 130 MG	24
ethosuximide SOLN	13	E-Z JECT LANCETS SUPER THIN 30G	61	fenofibrate micronized 67 MG	24
ethynodiol diacet & eth estrad	38	E-Z JECT LANCETS THIN 26G	61	fenofibrate TABS 40 MG, 120 MG	24
etodolac CAPS	4	ezetimibe	24	fenofibrate TABS 54 MG	24
etodolac TABS	4	ezetimibe-simvastatin	24	fenofibric acid	24
etodolac TB24	4	E-ZJECT LANCETS MICRO-THIN 33G	61	FENSOLVI SC	51
etonogestrel-ethinyl estradiol	40	EZ-LETS LANCETS 26G SUPER- SOFT	61	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6
etoposide CAPS	31	EZ-LETS LANCETS 28G ULTRA- SOFT	61	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	31	EZ-LETS LANCETS 30G	61	FERRETTS TABS	57
etravirine 100 MG	33				
etravirine 200 MG	33				
EUFLEXXA SOSY	76				

FERRIPROX SOLN	22	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	91	FLUARIX QUADRIVALENT 2023- 2024 SUSY	88
ferrous fumarate TABS 324 MG ...	57	flavoxate hcl	87	FLUBLOK QUADRIVALENT 2021- 2022	88
ferrous fumarate-fa-b complex-c-zn- mg-mn-cu TABS	57	FLEBOGAMMA DIF SOLN 5 GM/50ML	81	FLUBLOK QUADRIVALENT 2022- 2023	88
ferrous gluconate TABS 27 MG, 240 MG	57	FLEBOGAMMA DIF SOLN	81	FLUBLOK QUADRIVALENT 2023- 2024	88
FERROUS GLUCONATE TABS 324 MG	57	flecainide acetate	9	FLUCELVAX QUADRIVALENT 2021-2022 SUSP	88
ferrous sulfate dried TBCR 160 MG 57		FLEXICHAMBER DEVI	69	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	88
ferrous sulfate SOLN 15 MG/ML ..	57	FLORA VANCE CAPS	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	88
ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	57	FLORAJEN DIGESTION CAPS ...	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSP	88
ferrous sulfate TABS 65 MG, 325 MG	57	FLORAJEN3 CAPS	19	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	88
ferrous sulfate TBEC 324 MG	57	FLORAJEN4KIDS CAPS	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	88
ferrous sulfate TBEC 325 MG	57	FLORANEX ONE CAPS	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	88
fesoterodine fumarate	87	FLORASAVE CPDR	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSP	88
FEVERALL JUNIOR STRENGTH SUPP	5	FLORASTOR ADVANCED CAPS .	19	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	88
fexofenadine hcl SUSP	23	FLORASTOR SELECT GUT BOOST CAPS	19	fluconazole SUSR	23
fexofenadine hcl TABS 180 MG ...	23	FLORASTOR SELECT IMMUNITY BOOST CAPS	19	fluconazole TABS 100 MG	23
fexofenadine hcl TABS 60 MG	23	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	10	fluconazole TABS 150 MG	23
FIBRICOR (Use fenofibric acid) ..	24	FLOVENT HFA 44 MCG/ACT	10	fluconazole TABS 200 MG	23
FIBRYGA	55	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	49	fluconazole TABS 50 MG	23
FIFTY50 ALCOHOL PREP PADS	66	FLUAD QUADRIVALENT 2021-2022	88	fludarabine phosphate SOLN	27
FILTER AIR PP MISC	68	FLUAD QUADRIVALENT 2022-2023	88	FLUDARABINE PHOSPHATE SOLN	27
finasteride	54	FLUAD QUADRIVALENT 2023-2024	88	fludarabine phosphate SOLR	28
fingolimod hcl	84	FLUARIX QUADRIVALENT 2021- 2022 SUSY	88	fludrocortisone acetate TABS	41
FIRDAPSE	27	FLUARIX QUADRIVALENT 2021- 2022 SUSY	88	FLULAVAL QUADRIVALENT 2021- 2022 SUSY	88
FIRMAGON	29	FLUARIX QUADRIVALENT 2022- 2023 SUSY	88	FLULAVAL QUADRIVALENT 2022- 2023 SUSY	88
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	91				

FLULAVAL QUADRIVALENT 2023-2024 SUSY	88	flurandrenolide LOTN	45	FLUZONE QUADRIVALENT 2021-2022 SUSY	89
FLUMIST QUADRIVALENT	88	flurazepam hcl	58	FLUZONE QUADRIVALENT 2022-2023 SUSP	89
flunisolide (nasal) 0.025 %	76	flurbiprofen sodium	81	FLUZONE QUADRIVALENT 2022-2023 SUSY	89
fluocinolone acetonide (otic)	81	flurbiprofen TABS	4	FLUZONE QUADRIVALENT 2023-2024 SUSP	89
fluocinolone acetonide CREA	45	flutamide	29	FLUZONE QUADRIVALENT 2023-2024 SUSY	89
fluocinolone acetonide OIL	45	fluticasone propionate (inhalation) AEPB	10	FLUZONE QUADRIVALENT 2023-2024 SUSY	89
fluocinolone acetonide OINT	45	fluticasone propionate (nasal) SUSP	76	FLY P HYPERSONIQ CARTRIDGE MISC	69
fluocinolone acetonide SOLN	45	fluticasone propionate CREA 0.05 %	46	FML OINT	80
fluocinonide CREA 0.05 %	45	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	10	FOCALIN XR CP24 (Use dexmethylphenidate hcl)	2
fluocinonide CREA 0.1 %	45	fluticasone propionate hfa 44 MCG/ACT	10	folic acid TABS 1 MG	56
fluocinonide emulsified base	45	fluticasone propionate LOTN	46	folic acid TABS 400 MCG, 800 MCG	56
fluocinonide GEL	45	fluticasone propionate OINT	46	FOLOTYN	28
fluocinonide OINT	45	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	fondaparinux sodium	12
fluocinonide SOLN	45	fluticasone-salmeterol AERO	11	FORA LANCETS	61
fluorometholone (ophth) SUSP	80	fluvastatin sodium CAPS	24	FORFIVO XL TB24 (Use bupropion hcl)	14
fluorouracil (topical) CREA 0.5 %	44	fluvastatin sodium TB24	24	FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	19
fluorouracil (topical) CREA 5 %	44	fluvoxamine maleate CP24	14	FORTIFY 50 BILLION PROBIOTIC EXTRA STRENGTH 50+ CPDR	19
fluorouracil (topical) SOLN	44	fluvoxamine maleate TABS	14	FORTIFY DAILY PROBIOTIC CAPS	19
fluoxetine hcl (pmdd) TABS	84	FLUZONE HIGH-DOSE PF 2021-2022	89	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	19
fluoxetine hcl CAPS	14	FLUZONE HIGH-DOSE PF 2022-2023	89	FORTIFY OPTIMA PROBIOTIC CPDR	19
fluoxetine hcl CPDR	14	FLUZONE HIGH-DOSE PF 2023-2024	89	FORTIFY PROBIOTIC WOMENS CPDR	19
fluoxetine hcl SOLN	14	FLUZONE QUADRIVALENT 2021-2022 SUSP	89		
fluoxetine hcl TABS 10 MG	14				
fluoxetine hcl TABS 20 MG	14				
fluoxetine hcl TABS 60 MG	14				
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	14				
fluphenazine decanoate	32				
fluphenazine hcl TABS	32				
flurandrenolide CREA	45				

FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	19	FYLNETRA	56	GAUZE SPONGES	61
fosamprenavir calcium TABS	33	gabapentin CAPS 100 MG	12	GAZYVA	28
fosinopril sodium & hydrochlorothiazide	25	gabapentin CAPS 300 MG, 400 MG . 12		gefitinib	28
fosinopril sodium	25	gabapentin SOLN	12	GEL-ONE	76
FRAGMIN SOLN 10000 UNIT/4ML 12		gabapentin TABS 600 MG, 800 MG 12		GELSYN-3 SOSY	76
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	61	GABITRIL 12 MG, 16 MG (Use tiagabine hcl)	13	gemfibrozil TABS	24
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	61	GABITRIL 2 MG, 4 MG (Use tiagabine hcl)	13	GEMTESA	87
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	61	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	75	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	49
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	61	GALAFOLD	52	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	49
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	61	galantamine hydrobromide CP24 ..	83	GENORAVANCE CAPS	19
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	61	galantamine hydrobromide SOLN ..	83	GENOTROPIN CART SC	51
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	61	galantamine hydrobromide TABS ..	83	GENOTROPIN MINIQUICK PRSY 51	
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	61	GAMASTAN	81	gentamicin sulfate (ophth) OINT ...	79
frovatriptan succinate	71	GAMIFANT 10 MG/2ML, 50 MG/10ML	72	gentamicin sulfate (ophth) SOLN ..	79
FULL KIT NEBULIZER SET MISC	69	GAMMAGARD LIQUID	81	gentamicin sulfate (topical) CREA ..	43
FULPHILA	56	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	81	gentamicin sulfate (topical) OINT ..	43
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	50	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	81	GENTLE-LET GP LANCETS	61
furosemide TABS	50	GAMMAPLEX SOLN 5 GM/50ML ..	82	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	61
		GAMMAPLEX SOLN	82	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 61	
		GAMUNEX-C	82	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	61
		GARDASIL 9 SUSP	89	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	61
		GARDASIL 9 SUSY	89	GENVISC 850 SOSY	76
		gatifloxacin (ophth)	79	GENVOYA	33
		GATTEX	54	GILENYA	84
				GILOTTRIF	28

ginger (zingiber officinalis) CAPS 250 MG	2	GNP PROBIOTIC COLON SUPPORT CAPS	19	HALAVEN	31
GLASSIA SOLN	85	GNP QUICK DISSOLVE GLUCOSE CHEW	16	halcinonide CREA	46
glatiramer acetate SOSY	84	GNP STERILE LANCETS 28G ...	61	halobetasol propionate CREA	46
glimepiride 1 MG, 2 MG	17	GNP STERILE LANCETS 30G ...	61	halobetasol propionate FOAM	46
glimepiride 4 MG	17	GNP STERILE LANCETS 33G ...	61	halobetasol propionate OINT	46
glipizide TABS 2.5 MG	17	GOJJI STERILE LANCETS 30G ..	62	haloperidol decanoate	32
glipizide TABS 5 MG, 10 MG	17	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	62	haloperidol lactate CONC	32
glipizide TB24	17	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	62	haloperidol lactate SOLN	32
glipizide-metformin hcl	15	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	62	haloperidol TABS	32
GLUCAGEN HYPOKIT	16	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	62	HARVONI PACK	35
glucagon (rdna)	16	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	49	HARVONI TABS	35
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	16	granisetron hcl TABS	22	HAVRIX	89
GLUCO TO GO CHEW	16	GRANIX SOLN	56	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	62
GLUCOSE CHEW	16	GRANIX SOSY	56	H-E-B INCONTROL LANCETS MICRO THIN 33G	62
glyburide micronized 1.5 MG, 3 MG, 6 MG	17	griseofulvin microsize SUSP	23	H-E-B INCONTROL LANCETS SUPER THIN 30G	62
glyburide TABS	17	griseofulvin microsize TABS	23	H-E-B INCONTROL LANCETS ULTRA THIN 28G	62
glyburide-metformin	15	griseofulvin ultramicrosize	23	HEMGENIX	55
glycerin (laxative) SUPP 2 GM	58	guaifenesin-codeine SOLN	41	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	55
glycine diluent	83	guaifenesin-codeine SYRP	42	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	55
glycopyrrolate TABS 1 MG, 2 MG ..	86	guanfacine hcl (adhd)	2	HEPAGAM B SOLN IJ	82
GLYXAMBI	15	guanfacine hcl	25	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	12
GNP ACIDOPHILUS HIGH POTENCY CAPS	19	GVOKE KIT SOLN	16	HEPLISAV-B SOSY	89
GNP ADVANCED PROBIOTIC CAPS	19	GYNAZOLE-1	90	HERCEPTIN HYLECTA	29
GNP ALCOHOL SWABS	66	HADLIMA PUSHTOUCH SOAJ	3		
GNP GLUCOSE CHEW	16	HADLIMA SOSY	3		
GNP LANCETS 21G	61				
GNP LANCETS THIN 26G	61				

HIBERIX SOLR IJ	87	HUMIRA PSKT	4	46
HIGH POTENCY PROBIOTIC CAPS 19		HUMULIN 70/30 SUSP	16	hydrocortisone (topical) CREA 2.5 % 46
HIZENTRA SOLN	82	HUMULIN N SUSP	16	hydrocortisone (topical) LOTN 1 % 46
HM STERILE ALCOHOL PREP PADS	66	HUMULIN R SOLN IJ	17	hydrocortisone (topical) LOTN 2.5 % . 46
HULIO AJKT	3	HUMULIN R U-500 (CONCENTRATED) SOLN SC	17	hydrocortisone (topical) OINT 0.5 % . 46
HULIO PSKT	3	HUMULIN R U-500 KWIKPEN SOPN SC	17	hydrocortisone (topical) OINT 1 % .46 hydrocortisone (topical) OINT 2.5 % . 46
HUMALOG JUNIOR KWIKPEN SOPN	16	HYALGAN SOLN	76	hydrocortisone (topical) SOLN 1 % 46
HUMALOG KWIKPEN SOPN 100 UNIT/ML	16	HYALGAN SOSY	76	hydrocortisone acetate (topical) CREA 1 %
HUMALOG MIX 50/50 KWIKPEN SUPN	16	HYCAMTIN CAPS	31	hydrocortisone acetate (topical) OINT.....46
HUMALOG MIX 50/50 SUSP	16	hydralazine hcl TABS	26	hydrocortisone acetate (topical) OINT.....46
HUMALOG MIX 75/25 KWIKPEN SUPN	16	hydrochlorothiazide CAPS	50	hydrocortisone butyrate CREA 46
HUMALOG MIX 75/25 SUSP	16	hydrochlorothiazide TABS 25 MG, 50 MG	50	hydrocortisone butyrate hydrophilic lipo base
HUMALOG SOLN IJ	16	hydrocodone bitartrate CP12	6	hydrocortisone butyrate LOTN 46
HUMALOG TEMPO PEN SOPN ..	16	hydrocodone bitartrate-homatropine methylbromide SOLN	41	hydrocortisone butyrate OINT 46
HUMATE-P SOLR	55	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	7	hydrocortisone butyrate SOLN 46
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	hydrocodone-acetaminophen TABS 325 MG-10 MG	7	HYDROCORTISONE CREA 46
HUMIRA PEN PNKT 40 MG/0.8ML .4	4	hydrocodone-acetaminophen TABS 325 MG-5 MG	7	hydrocortisone TABS 41
HUMIRA PEN PNKT	4	hydrocodone-acetaminophen TABS 325 MG-7.5 MG	7	hydrocortisone vaginal 91
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	hydrocortisone (intrarectal)	8	hydrocortisone valerate CREA 46
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	hydrocortisone (rectal) EX 1 %	8	hydrocortisone valerate OINT 46
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	hydrocortisone (rectal) EX 2.5 % ...	8	hydrocortisone w/acetic acid .....81
HUMIRA PEN-PS/UV STARTER PNKT	4	hydrocortisone (topical) CREA 0.5 % 46		HYDROMORPHONE HCL SUPP ...6
		hydrocortisone (topical) CREA 1 %		hydromorphone hcl TABS .....6
				hydromorphone hcl TB24 6

hydroxyprogesterone caproate (antineoplastic)	29	HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	4	ID NOW COVID-19 CONTROL SWAB KIT	49
hydroxyprogesterone caproate OIL 83		HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	4	IDACIO (2 PEN) AJKT	4
hydroxyurea	30	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ . 4	4	IDACIO (2 SYRINGE) PSKT	4
hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	9	HYRIMOZ SENSOREADY PENS SOAJ	4	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	4
hydroxyzine hcl SYRP	9	HYRIMOZ SOAJ	4	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	4
hydroxyzine hcl TABS	9	HYRIMOZ SOSY	4	IDELVION	55
hydroxyzine pamoate CAPS 25 MG, 100 MG	9	HY-VEE LANCETS	62	IGALMI FILM	58
hydroxyzine pamoate CAPS 50 MG	9	HY-VEE THIN LANCETS	62	IHEALTH COVID-19 ANTIGENRAPID TEST KIT	49
HYMOVIS	76	ibandronate sodium SOLN	51	ILEVRO	81
hyoscyamine sulfate ELIX	86	ibandronate sodium TABS	51	ILUVIEN	80
hyoscyamine sulfate SOLN OR 0.125 MG/ML	86	IBRANCE CAPS	30	imatinib mesylate	30
hyoscyamine sulfate SUBL 0.125 MG	86	IBSRELA	54	IMBRUVICA CAPS 140 MG	30
hyoscyamine sulfate TABS 0.125 MG	86	ibuprofen CHEW	4	IMBRUVICA CAPS 70 MG	30
hyoscyamine sulfate TB12 0.375 MG 86		ibuprofen SUSP	4	IMBRUVICA TABS	30
hyoscyamine sulfate TBDP 0.125 MG	86	ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG	4	IMCIVREE	1
HYPERHEP B SOLN IM	82	ibuprofen-diphenhydramine citrate 57		imipramine hcl TABS	15
HYPERHEP B SOSY 110 UNIT/0.5ML	82	ibuprofen-diphenhydramine hcl ...	58	imipramine pamoate	15
HYPERRHO S/D MINI-DOSE SOSY IM	82	icatibant acetate SOLN	55	imiquimod 5 %	47
HYPERRHO S/D SOSY IM 1500 UNIT	82	icatibant acetate SOSY	55	IMLYGIC	31
HYQVIA	82	ICLUSIG 15 MG, 45 MG	30	IMOVAX RABIES (H.D.C.V.) SUSR 89	
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	4	ID NOW COVID-19	49	IMPEKLO LOTN	46
		ID NOW COVID-19 2.0	49	INCRELEX	51
		ID NOW COVID-19 2.0 CONTROL SWAB KIT	49	indapamide TABS 1.25 MG, 2.5 MG . 50	
				INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...	49
				indomethacin CAPS 25 MG, 50 MG	4

indomethacin CPR	4	INSULIN SYRINGES	66	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9
INFANRIX	86	INTELENCE (Use etravirine)	34	isosorbide mononitrate TABS	9
INFANTS ADVIL SUSP (Use ibuprofen)	4	INTELENCE	34	isosorbide mononitrate TB24	9
INFANTS SILAPAP SOLN OR	5	INTELENCE 200 MG (Use etravirine)	33	isotretinoin 10 MG, 20 MG, 40 MG	42
INGREZZA CAPS	84	INTELISWAB COVID-19 RAPID TEST KIT	49	isradipine CAPS	36
INLYTA	28	INTRON A SOLR	30	ITCH RELIEF CREA	43
INNOSPIRE REPLACEMENT FILTER MISC	69	INVEGA HAFYERA	32	itraconazole CAPS	23
INPEFA	37	INVEGA SUSTENNA	32	itraconazole SOLN	23
INSPIREASE DRUG DELIVERYSYSTEM MISC	69	INVEGA TRINZA	32	IXCHIQ	89
INSPIREASE RESERVOIR BAGS 69		INVOKANA	17	IXEMPRA KIT	31
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	17	IPOLE INACTIVATED IPV	89	IXIARO	89
INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	17	ipratropium bromide (nasal) 0.03 % 76		IXINITY SOLR	55
INSULIN GLARGINE SOLN	17	ipratropium bromide (nasal) 0.06 % 76		JAKAFI	30
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	17	ipratropium bromide SOLN 0.02 % 10		JANSSEN COVID-19 VACCINE	89
INSULIN GLARGINE-YFGN SOLN	17	ipratropium-albuterol SOLN	11	JANUMET TABS	15
INSULIN GLARGINE-YFGN SOPN	17	irbesartan	25	JANUMET XR TB24	15
INSULIN LISPRO JUNIOR KWIKPEN SOPN	17	irbesartan-hydrochlorothiazide	25	JANUVIA	16
INSULIN LISPRO KWIKPEN SOPN	17	irinotecan hcl	31	JARDIANCE	17
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	17	IRON CHEWS PEDIATRIC CHEW	57	JARRO-DOPHILUS ALLERGEN FREE PROBIOTIC CAPS	19
INSULIN LISPRO SOLN IJ	17	IRON TABS 28 MG	57	JARRO-DOPHILUS EPS CPDR	20
		ISENTRESS CHEW 100 MG	34	JARRO-DOPHILUS EPS DIGESTIVE PROBIOTIC CPDR	19
		ISENTRESS CHEW 25 MG	34	JARRO-DOPHILUS EPS PROBIOTIC CPDR	19
		ISENTRESS PACK	34	JARRO-DOPHILUS PROBIOTIC+ PREBIOTIC PLUS FOS CAPS	20
		ISENTRESS TABS	34	JARRO-DOPHILUS WOMEN VAGINAL PROBIOTIC CPDR	20
		isoniazid SYRP	27	JENTADUETO TABS	15
		isoniazid TABS	27	JEVTANA	31
		ISOPTO ATROPINE SOLN	79		

JIVI	55	ketorolac tromethamine (ophth) 0.5 %	81	KROGER LANCETS THIN 26G ...	62
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	24	ketorolac tromethamine TABS	5	KROGER LANCETS ULTRATHIN30G	62
JYNARQUE TABS	52	KETOSTIX STRP	49	KRYSTEXXA	55
JYNARQUE TBPK	52	ketotifen fumarate (ophth) 0.035 % 81		K-TAB TBCR 8 MEQ (Use potassium chloride)	72
JYNNEOS	89	KEY-E CHEW	91	KYLEENA	40
KADCYLA	28	KEYTRUDA	28	KYMRIAH	28
KALBITOR	56	KHAPZORY	30	KYPROLIS	30
KALETRA SOLN (Use lopinavir-ritonavir)	34	KINNEY LANCETS	62	labetalol hcl TABS 100 MG	36
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	34	KINNEY THIN LANCETS	62	labetalol hcl TABS 200 MG	36
KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	34	KINRIX SUSY	86	labetalol hcl TABS 300 MG	36
KALYDECO PACK 50 MG, 75 MG	85	KITABIS PAK NEBU (Use tobramycin)	3	LACTEROL CAPS	20
KALYDECO TABS	85	KLOXXADO LIQD	22	lactic acid (ammonium lactate) CREA	47
KANJINTI 420 MG	28	KOATE SOLR	55	lactic acid (ammonium lactate) LOTN 12 %	47
KANUMA	52	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	55	LACTO-PECTIN CAPS	20
KAZANO (Use alogliptin-metformin hcl)	15	KOGENATE FS KIT	55	lactulose (encephalopathy)	54
KCENTRA	55	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	15	lactulose SOLN	58
KEMOPLAT SOLN	27	KONVOMEPEP SUSR	87	LAGEVRIO	36
KEPIVANCE 6.25 MG	30	KOVALTRY	55	lamivudine SOLN	34
KESIMPTA	84	KRINTAFEL	27	lamivudine TABS 150 MG	34
ketconazole (topical) CREA	43	KROGER HEALTHPRO TWIST LANCETS/26G	62	lamivudine TABS 300 MG	34
ketconazole (topical) SHAM 2 %	43	KROGER LANCETS	62	lamivudine-zidovudine	34
KETONE STRP	49	KROGER LANCETS 21G	62	lamotrigine CHEW	12
KETONE TEST STRIPS STRP	49	KROGER LANCETS MICRO THIN33G	62	lamotrigine KIT 25 MG	12
ketoprofen CAPS 50 MG	5	KROGER LANCETS SUPER THIN 62		lamotrigine TABS	12
ketoprofen CP24	5	KROGER LANCETS THIN	62	lamotrigine TB24	13
ketorolac tromethamine (ophth) 0.4 %	81			lamotrigine TBDP	13
				LANCETS	62

LANCETS 30G	62	leucovorin calcium TABS 5 MG, 25 MG	38	levonorgestrel (emergency oc) 1.5 MG	40
LANCETS SUPER THIN 28G	62	LEUKERAN	27	levonorgestrel-eth estradiol (triphasic)	38
LANCETS THIN	62	LEUKINE SOLR IJ	56	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	39
LANCETS ULTRA THIN	62	LEUPROLIDE ACETATE INJ	29	levonorgestrel-ethinyl estradiol (continuous)	39
lanolin (topical) CREA	47	leuprolide acetate KIT IJ 1 MG/0.2ML	29	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	85
lanolin (topical) OINT	47	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	29	levothyroxine sodium TABS	85
lanolin XX	83	levabuterol hcl	11	LEVULAN KERASTICK SOLR	44
LANOLIN XX	83	levabuterol tartrate	11	LEXIVA SUSP	34
LANOLOR CREA	47	levamlodipine maleate	36	LEXIVA TABS (Use fosamprenavir calcium)	34
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)	37	LEVEMIR FLEXPEN SOPN	17	LEXIVA TABS (Use fosamprenavir calcium)	34
LANREOTIDE ACETATE	52	LEVEMIR FLEXTOUCH SOPN ...	17	LIALDA TBEC (Use mesalamine) .	53
lansoprazole CPDR	86	LEVEMIR SOLN	17	LIBTAYO	28
lansoprazole TBDD	86	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	13	LICEMD GEL	48
lanthanum carbonate CHEW	54	levetiracetam TABS	13	lidocaine CREA 4 %	47
lapatinib ditosylate	30	levetiracetam TB24	13	LIDOCAINE CREA	47
LEADER QUICK DISSOLVE GLUCOSE CHEW	16	levobunolol hcl 0.5 %	79	lidocaine hcl (mouth-throat) 2 % ...	73
LEDIPASVIR/SOFOSBUVIR TABS 35		levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	52	lidocaine hcl CREA 3 %	47
leflunomide	5	levocarnitine (metabolic modifiers) TABs	52	lidocaine hcl CREA 4 %	47
lenalidomide	72	levocetirizine dihydrochloride SOLN 23		lidocaine hcl GEL 2 %	47
LENVIMA 10 MG DAILY DOSE ..	28	levofloxacin (ophth) 0.5 %	79	lidocaine hcl PRSY	47
LENVIMA 12MG DAILY DOSE ...	28	levofloxacin SOLN OR	53	lidocaine-prilocaine CREA	47
LENVIMA 14 MG DAILY DOSE ..	28	levofloxacin TABS	53	LILETTA 20.1 MCG/DAY	40
LENVIMA 18 MG DAILY DOSE ..	28	levoleucovorin calcium SOLN	30	LINZESS	54
LENVIMA 20 MG DAILY DOSE ..	28	levoleucovorin calcium SOLR	31	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	75
LENVIMA 24 MG DAILY DOSE ..	28	levonorgestrel & eth estradiol TABS			
LENVIMA 4 MG DAILY DOSE	28				
LENVIMA 8 MG DAILY DOSE	28				
letrozole	29				

liothyronine sodium TABS	85	loperamide hcl TABS	22	29
LIPOFEN CAPS (Use fenofibrate) .	24	lopinavir-ritonavir SOLN	34	LUPRON DEPOT (3-MONTH) KIT IM
LIQREV SUSP	37	lopinavir-ritonavir TABS 25 MG-100		.....29
lisdexamphetamine dimesylate CAPS 1		MG	34	LUPRON DEPOT (4-MONTH) IM .
lisdexamphetamine dimesylate CHEW .		lopinavir-ritonavir TABS 50 MG-200		LUPRON DEPOT (6-MONTH) IM .
1		MG	34	LUPRON DEPOT-PED (1-MONTH) .
lisinopril & hydrochlorothiazide ...	25	loratadine CAPS	23	51
lisinopril TABS 2.5 MG, 5 MG, 10		loratadine CHEW	23	LUPRON DEPOT-PED (3-MONTH) .
MG, 20 MG, 30 MG, 40 MG	25	loratadine SOLN	23	51
LITETOUCH MASK LARGE MISC	69	loratadine TABS	23	LUPRON DEPOT-PED (6-MONTH)
LITETOUCH MASK MEDIUM MISC .		loratadine TBDP 10 MG	23	IM
69		lorazepam CONC	9	51
LITETOUCH MASK SMALL MISC .	69	lorazepam TABS 0.5 MG, 2 MG	9	lurasidone hcl
lithium	32	lorazepam TABS 1 MG	9	32
lithium carbonate CAPS	32	LORBRENA	30	LUTATHERA
lithium carbonate TABS	32	LOREEV XR CS24	9	30
lithium carbonate TBCR	32	losartan potassium &		LUZU (Use luliconazole)
LITHOBID TBCR (Use lithium		hydrochlorothiazide	25	43
carbonate)	32	losartan potassium	25	LYBALVI
LITTLE REMEDIES SALINE		lovastatin TABS 10 MG, 20 MG ...	24	83
SPRAY/DROPS SOLN	76	lovastatin TABS 40 MG	24	LYRA DIRECT SARS-COV-2 ASSAY
LIVE BETTER LANCET SUPERTHIN		loxapine succinate	32	.....49
30G	62	LUCENTIS SOLN	79	LYRA SARS-COV-2 ASSAY
LIVE BETTER LANCET ULTRATHIN		LUCENTIS SOSY	79	49
28G	62	LUCIRA CHECK IT COVID-19TEST		LYSODREN
LO LOESTRIN FE TABS	39	KIT KIT	49	29
LOCOID LIPOCREAM	46	LUCIRA COVID-19 ALL-IN-ONE		LYUMJEV TEMPO PEN SOPN ...
LOKELMA	73	TEST KIT KIT	49	17
LONGS LANCETS STANDARD ..	62	luliconazole	43	LYVISPAH PACK
LONGS LANCETS THIN	62	LUMIZYME	52	75
LONSURF	29	LUMOXITI	28	MACI
loperamide hcl CAPS	22	LUPRON DEPOT (1-MONTH) KIT IM		75
		malathion		20
				72
				58
				58
				8
				83
				48

maraviroc TABS 150 MG	34	MEIJER LANCETS UNIVERSAL33G	63	metformin hcl SOLN	15
maraviroc TABS 300 MG	34	MEIJER SUPER THIN LANCETS	63	metformin hcl TABS 500 MG, 850	
MARQIBO	31	MEKINIST TABS	30	MG, 1000 MG	15
MATULANE	30	MEKTOVI	30	metformin hcl TABS 625 MG	15
MAVYRET PACK	35	melatonin TABS 3 MG, 5 MG	2	metformin hcl TB24 500 MG, 1000	
MAVYRET TABS	35	meloxicam TABS	5	MG	15
MAXI-TUSS PE LIQD	42	melphalan	27	metformin hcl TB24 500 MG, 750 MG	
MAYZENT STARTER PACK TBPK		melphalan hcl	27	.....	15
84		memantine hcl CP24	83	methadone hcl TABS 10 MG	6
MAYZENT TABS	84	memantine hcl SOLN	83	methadone hcl TABS 5 MG	6
meclizine hcl CHEW	22	memantine hcl TABS	83	methamphetamine hcl	1
meclizine hcl TABS 12.5 MG, 25 MG		MENACTRA	87	methazolamide TABS	50
22		MENQUADFI	87	methenamine mandelate	26
medroxyprogesterone acetate		MENVEO SOLN	87	methenamine-hyosc-methylene blue-	
(contraceptive) SUSP IM	40	MENVEO SOLR	87	sod phos-phenyl sal TABS 10.8 MG-	
medroxyprogesterone acetate		meperidine hcl SOLN OR 50		81.6 MG-0.12 MG-36.2 MG-40.8 MG,	
(contraceptive) SUSY IM	40	MG/5ML	6	10.8 MG-81.6 MG-36.2 MG-0.12 MG-	
medroxyprogesterone acetate 2.5		meperidine hcl TABS 50 MG	6	40.8 MG	26
MG, 5 MG, 10 MG	83	meprobamate	9	methimazole TABS	85
mefloquine hcl	27	mercaptapurine TABS	28	METHITEST TABS	8
MEGA PROBIOTIC CAPS	20	mesalamine ENEM	53	methocarbamol TABS 500 MG	75
megestrol acetate SUSP	29	mesalamine SUPP	53	methocarbamol TABS 750 MG	75
megestrol acetate TABS	29	mesalamine TBEC 1.2 GM	53	METHOTREXATE	3
MEIJER ALCOHOL SWABS EXTRA-		mesalamine TBEC 800 MG	53	methotrexate sodium SOLN 1	
THICK	66	mesalamine w/ cleanser	53	GM/40ML, 50 MG/2ML, 250	
MEIJER COLOR LANCETS		mesna SOLN	31	MG/10ML, 1000 MG/40ML	28
UNIVERSAL 33G	62	MESNEX TABS	31	methotrexate sodium TABS 2.5 MG	
MEIJER LANCETS	62	META BIOTIC/BIO-ACTIVE 12		28	
MEIJER LANCETS THIN	63	CAPS	20	methsuximide	13
MEIJER LANCETS UNIVERSAL21G		metaxalone	75	methyldopa TABS	25
.....	63			methylergonovine maleate TABS ..	81
MEIJER LANCETS UNIVERSAL30G				METHYLIN SOLN (Use	
.....	63			methylphenidate hcl)	2
				methylphenidate hcl CHEW	2

methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metronidazole (topical) CREA	47	MIRCERA 120 MCG/0.3ML	56
methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 0.75 %	47	MIRENA	40
methylphenidate hcl CP24	2	metronidazole (topical) LOTN	47	mirtazapine TABS	14
methylphenidate hcl CPRC	2	metronidazole TABS	26	mirtazapine TBDP	14
methylphenidate hcl SOLN	2	metronidazole vaginal	90	misoprostol	87
methylphenidate hcl TABS	2	metirosine	25	mitoxantrone hcl 2 MG/ML	29
methylphenidate hcl TB24	2	miconazole nitrate (topical) CREA	43	M-M-R II SOLR	89
methylphenidate hcl TBCR 10 MG, 20 MG	2	miconazole nitrate vaginal CREA 2 %	90	MODERNA COVID-19 VACCINE SUSP	89
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG	2	miconazole nitrate vaginal CREA 4 %	90	MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	89
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45 MG, 63 MG	2	miconazole nitrate vaginal KIT	90	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	89
methylprednisolone TABS 4 MG, 8 MG	41	miconazole nitrate vaginal SUPP 100 MG	90	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y ...	89
methylprednisolone TBPK	41	miconazole nitrate vaginal SUPP 200 MG	90	MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 .	89
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	53	MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	82	MODERNA COVID-19 VACCINE6-11Y SUSP	89
metoclopramide hcl TABS 10 MG .	53	MICROCHAMBER DEVI	69	MODERNA COVID-19 VACCINE6MO-5Y SUSP	89
metoclopramide hcl TABS 5 MG ..	53	MICROCHAMBER MISC	69	moexipril hcl	25
metolazone	50	MICROFLOR 33 CAPS	20	MOI-STIR SOLN	73
metoprolol & hydrochlorothiazide TABS	25	MICROSPACER MISC	69	mometasone furoate (nasal) SUSP	76
metoprolol succinate TB24 200 MG	36	midazolam hcl SOLN IJ	58	mometasone furoate CREA	46
metoprolol succinate TB24 25 MG, 50 MG, 100 MG	36	midodrine hcl	91	mometasone furoate OINT	46
metoprolol tartrate TABS 100 MG .	36	mifepristone (hyperglycemia)	16	mometasone furoate SOLN	46
metoprolol tartrate TABS 25 MG, 50 MG	36	miglitol	15	MOMMYS BLISS PROBIOTIC PACK	20
metoprolol tartrate TABS 37.5 MG, 75 MG	36	miglustat	56	MONOLET LANCETS	63
		MINIELITE FILTER REPLACEMENTS MISC	69	MONOLET OPD LANCETS	63
		minocycline hcl CAPS	85		
		minoxidil 2.5 MG, 10 MG	26		

MONOVISC	76	MINERALS TABS-ASSORTED BRAND	74	NAGLAZYME	52
montelukast sodium CHEW	10	MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC	74	naloxone hcl LIQD	22
montelukast sodium PACK	10	MULTIVITAMIN INFANT & TODDLER SOLN OR	75	naloxone hcl SOCT	22
montelukast sodium TABS	10	MULTIVITAMIN INFANT/TODDLER SOLN OR	75	naloxone hcl SOLN 0.4 MG/ML ...	22
morphine sulfate beads	6	mupirocin calcium (topical)	43	naloxone hcl SOLN 4 MG/10ML ...	22
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	6	mupirocin OINT	43	naloxone hcl SOSY	22
morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 6		MVASI	28	naltrexone hcl	22
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	6	MVW COMPLETE FORMULATIONPEDIATRIC SOLN 74		NAMENDA TITRATION PAK TABS (Use memantine hcl)	83
morphine sulfate SUPP	6	MVW COMPLETE FORMULATIONPROBIOTIC MINI'S/KIDS CPDR	20	naphazoline w/ pheniramine 0.3 %-0.025 %	80
morphine sulfate TABS	6	MVW COMPLETE FORMULATIONPROBIOTIC		naphazoline w/ pheniramine 0.315 %-0.027 %	80
morphine sulfate TBCR	6	MINI'S/KIDS CPDR	20	naproxen sodium TABS 220 MG ...	5
MOTRIN CHILDRENS CHEW (Use ibuprofen)	5	MVW COMPLETE PROBIOTIC FORMULATION CPDR	20	naproxen sodium TABS 275 MG, 550 MG	5
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	5	MYALEPT	52	naproxen sodium-diphenhydramine hcl	58
MOUNJARO	16	mycophenolate mofetil CAPS	73	naproxen SUSP	5
MOUTH KOTE REMINT SOLN ...	73	mycophenolate mofetil hcl	72	naproxen TABS	5
MOUTH KOTE SOLN	74	mycophenolate mofetil SUSR	73	naproxen TBEC	5
MOVANTIK	54	mycophenolate mofetil TABS	73	naproxen-esomeprazole magnesium	5
moxifloxacin hcl (ophth) SOLN OP	79	mycophenolate mofetil TABS	73	naratriptan hcl	71
moxifloxacin hcl TABS	53	mycophenolate sodium	73	NARCAN LIQD (Use naloxone hcl)	22
MULPLETA	56	MYFEMBREE	52	NATAZIA	39
MULTIPLE VITAMINS TABS-ASSORTED BRAND	74	MYLERAN TABS	27	nateglinide	17
MULTIPLE VITAMINS TABS-ASSORTED GENERIC	74	MYOBLOC	77	NATPARA	51
multiple vitamins w/ iron TABS ...	74	MYRBETRIQ SRER	87	NATROBA (Use spinosad)	48
MULTIPLE VITAMINS W/		NABI-HB SOLN IM	82	NATRUL PROBIOTIC CAPS	20
		nabumetone	5	NATURAL FIBER LAXATIVE POWD	58
		nadolol TABS 20 MG, 40 MG, 80 MG	36		

NEBULIZER AIR TUBE/PLUGS MISC	69	NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	86	nitrofurantoin macrocrystal 50 MG, 100 MG	26
nefazodone hcl	14	NEXIUM PACK (Use esomeprazole magnesium)	86	nitrofurantoin monohyd macro	27
neomycin sulfate TABS	3	NEXIUM PACK	86	nitroglycerin CPCR	9
neomycin-bacitracin zn-polymyxin	79	NEXPLANON	40	nitroglycerin PT24	9
neomycin-bacitracin-polymyxin OINT 43		NGENLA	51	nitroglycerin SUBL	9
neomycin-polymy-dexameth OINT	80	niacin (antihyperlipidemic) TBCR	.24	NIVA THYROID TABS	85
neomycin-polymy-dexameth SUSP	80	niacin CPCR 250 MG, 500 MG	92	NIVESTYM SOLN	56
neomycin-polymyxin w/ pramoxine	43	niacin TABS 500 MG	92	NIVESTYM SOSY	56
neomycin-polymyxin-gramicidin	79	niacin TBCR	92	NIX LICE KILLING SPRAY LIQD XX	48
neomycin-polymyxin-hc (ophth)	80	NIACIN TR TBCR	92	NIZORAL SHAM	43
neomycin-polymyxin-hc (otic) SOLN	81	nicardipine hcl CAPS	36	NORDITROPIN FLEXPPO SOPN	.51
neomycin-polymyxin-hc (otic) SUSP	81	nicotine MISC XX	84	norelgestromin-ethinyl estradiol	40
NESINA (Use alogliptin benzoate)	16	nicotine polacrilex GUM	84	norethin acet & estrad-fe CAPS	39
NEULASTA ONPRO KIT PSKT	56	nicotine polacrilex LOZG	84	norethin acet & estrad-fe CHEW	39
NEULASTA SOSY	56	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	84	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	39
NEUPOGEN SOLN	56	NICOTINE TRANSDERMAL SYSTEM KIT	84	norethindrone & eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG	39
NEUPOGEN SOSY	56	NICOTROL INHALER INHA	84	norethindrone & eth estradiol 35 MCG-1 MG	39
nevirapine SUSP	34	NICOTROL NS SOLN	84	norethindrone & ethinyl estradiol-fe	39
nevirapine TABS	34	nifedipine CAPS	36	norethindrone (contraceptive)	40
nevirapine TB24 100 MG	34	nifedipine TB24 30 MG, 90 MG	37	norethindrone acet & eth estra	39
nevirapine TB24 400 MG	34	nifedipine TB24 60 MG	36	norethindrone acetate TABS	83
NEXABIOTIC CPDR	20	nimodipine CAPS	37	norethindrone acetate-ethinyl estradiol	52
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	86	NINLARO	30	norethindrone acetate-ethinyl estradiol-fe	39
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	86	nisoldipine	37	norethindrone-eth estradiol (triphasic)	

.....	39	NP THYROID 60 TABS	.....	85	OFEV	.....	85
norgestimate-ethinyl estradiol (triphasic)	.....	NP THYROID 90 TABS	.....	85	ofloxacin (ophth)	.....	79
norgestimate-ethinyl estradiol	.....	NPLATE 250 MCG, 500 MCG	.....	56	ofloxacin (otic)	.....	81
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	.....	NUCALA SOAJ	.....	10	ofloxacin 300 MG, 400 MG	.....	53
NORLIQVA SOLN	.....	NUCALA SOLR	.....	10	olanzapine SOLR	.....	32
NORPACE CAPS (Use disopyramide phosphate)	.....	NUCALA SOSY	.....	10	olanzapine TABS	.....	32
nortriptyline hcl CAPS	.....	NULOJIX	.....	73	olanzapine TBDP	.....	32
nortriptyline hcl SOLN	.....	NUMOISYN LIQD	.....	74	olmesartan medoxomil	.....	25
NORVIR PACK	.....	NUPLAZID CAPS	.....	32	olmesartan medoxomil-amlodipine- hydrochlorothiazide	.....	25
NORVIR SOLN	.....	NUPLAZID TABS 10 MG	.....	32	olmesartan medoxomil- hydrochlorothiazide	.....	26
NORVIR TABS (Use ritonavir)	.....	NURTEC	.....	71	olopatadine hcl (nasal)	.....	76
NOSE CLIP MISC	.....	NUVESSA	.....	90	olopatadine hcl	.....	81
NOVA SUREFLEX LANCETS	.....	NUWIQ KIT	.....	55	OLPRUVA THPK	.....	52
NOVAREL IM 5000 UNIT	.....	NUWIQ SOLR	.....	55	OLUMIANT	.....	3
NOVAVAX COVID-19 VACCINE	.....	nystatin (mouth-throat)	.....	73	omega-3-acid ethyl esters	.....	24
NOVAVAX COVID-19 VACCINE/2023-24	.....	nystatin (topical) CREA	.....	43	omeprazole CPDR	.....	86
NOVOEIGHT	.....	nystatin (topical) OINT	.....	43	omeprazole TBEC	.....	86
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	.....	nystatin (topical) POWD EX	.....	43	omeprazole-sodium bicarbonate CAPS	.....	87
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	.....	nystatin TABS	.....	23	omeprazole-sodium bicarbonate PACK	.....	87
NOVOLOG MIX 70/30 RELION SUSP	.....	nystatin-triamcinolone CREA	.....	43	OMNITROPE SOCT	.....	51
NOVOLOG MIX 70/30 SUSP	.....	nystatin-triamcinolone OINT	.....	43	ON/GO COVID-19 ANTIGEN SELF- TEST KIT	.....	49
NOVOSEVEN RT	.....	NYVEPRIA	.....	56	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	.....	49
NP THYROID 120 TABS	.....	OBIZUR	.....	55	ONCASPAR	.....	30
NP THYROID 15 TABS	.....	OALIVA	.....	53	ondansetron hcl SOLN OR 4 MG/5ML	.....	22
NP THYROID 30 TABS	.....	OCTAGAM SOLN 5 GM/50ML	.....	82	ondansetron hcl TABS 4 MG, 8 MG	.....	22
		OCTAGAM SOLN	.....	82			
		octreotide acetate SOLN	.....	52			
		octreotide acetate SOSY	.....	52			
		ODEFSEY	.....	34			
		ODOMZO	.....	29			

ondansetron TBDP	22	VAGINALCONTRACEPTIVE GEL	90	MG/0.4ML, 20 MG/0.4ML, 22.5	
ONETOUCH DELICA PLUS		OPVEE NA	22	MG/0.4ML, 25 MG/0.4ML	3
LANCETS EXTRA FINE 33G	63	OPZELURA	47	oxaprozin TABS	5
ONETOUCH DELICA PLUS		ORAL RELIEF SPRAY FOR		OXAYDO TABS 5 MG	6
LANCETS FINE 30G	63	DRYMOUTH & DISCOMFORT		oxazepam CAPS	9
ONETOUCH ULTRA 2 KIT	63	SOLN	74	oxcarbazepine SUSP	13
ONETOUCH ULTRA STRP	49	ORALAIR ADULT STARTER PACK		oxcarbazepine TABS	13
ONETOUCH ULTRASOFT 2		SUBL	2	OXERVATE	80
LANCETS FINE 30G	63	ORALAIR SUBL	2	oxiconazole nitrate CREA	43
ONETOUCH ULTRASOFT		ORENITRAM TITRATION KIT		oxybutynin chloride SOLN	87
LANCETS	63	MONTH 1 TEPK	37	oxybutynin chloride TABS 2.5 MG	.87
ONETOUCH VERIO FLEX BLOOD		ORENITRAM TITRATION KIT		oxybutynin chloride TABS 5 MG	...87
GLUCOSE MONITORING SYSTEM		MONTH 2 TEPK	37	oxybutynin chloride TB24	87
KIT	63	ORENITRAM TITRATION KIT		oxycodone hcl CAPS	6
ONETOUCH VERIO LEVEL 4		MONTH 3 TEPK	37	oxycodone hcl CONC 100 MG/5ML	6
CONTROL SOLUTION LIQD	63	ORFADIN SUSP	52	oxycodone hcl SOLN	6
ONETOUCH VERIO REFLECT KIT		ORIAHNN	52	oxycodone hcl T12A 10 MG, 20 MG,	
63		ORLISSA	51	40 MG, 80 MG	6
ONETOUCH VERIO TEST STRIPS		ORKAMBI PACK	85	oxycodone hcl TABS	6
STRP	49	ORKAMBI TABS	85	oxycodone w/ acetaminophen TABS	
ONGLYZA (Use saxagliptin hcl) ..	16	orphenadrine citrate TB12	75	325 MG-10 MG, 325 MG-5 MG, 325	
ONPATTRO	84	orphenadrine w/ aspirin & caff	... 76	MG-7.5 MG	7
OPDIVO 40 MG/4ML, 100 MG/10ML,		orphenadrine w/ aspirin & caff	385	oxymorphone hcl TB12 15 MG	...6
240 MG/24ML	28	MG-30 MG-25 MG	76	oxymorphone hcl TB12 5 MG, 7.5	
OPTICHAMBER DIAMOND DEVI	.69	ORTHOVISC	76	MG, 10 MG, 20 MG, 30 MG, 40 MG	6
OPTICHAMBER DIAMOND MISC	.69	oseltamivir phosphate CAPS 30 MG	.	oyster shell	72
OPTICHAMBER		35		OZEMPIC SOPN 2 MG/1.5ML, 2	
DIAMOND/LARGEFACE MASK		oseltamivir phosphate CAPS 45 MG,		MG/3ML	16
DEVI	69	75 MG	35	OZEMPIC SOPN 4 MG/3ML, 8	
OPTICHAMBER DIAMOND/MEDIUM		oseltamivir phosphate SUSR	..... 35	MG/3ML	16
FACE MASK MISC	69	OSENI (Use alogliptin-pioglitazone)	.	OZURDEX IMPL	80
OPTICHAMBER		15		paclitaxel protein-bound particles	.31
DIAMOND/SMALLFACE MASK		OTREXUP SOAJ 10 MG/0.4ML, 12.5			
MISC	69	MG/0.4ML, 15 MG/0.4ML, 17.5			
OPTIONS GYNOL II					

PACLITAXEL PROTEIN- BOUND PARTICLES	31	paricalcitol SOLN	52	PEGASYS SOLN	35
paliperidone	32	paroxetine hcl TABS	14	PEGASYS SOSY	35
PALYNZIQ	52	paroxetine hcl TB24	14	pemetrexed disodium SOLR 100 MG, 500 MG	28
pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML	51	paroxetine mesylate (vasomotor) ..	84	PENBRAYA	87
PAMIDRONATE DISODIUM SOLN 51	51	PARSABIV	52	penciclovir	44
pantoprazole sodium PACK	86	PAXLOVID 100 MG-150 MG	35	penicillamine TABS	72
pantoprazole sodium TBEC 20 MG 86	86	pazopanib hcl	30	penicillin v potassium SOLR	82
pantoprazole sodium TBEC 40 MG 87	87	PC LANCETS SUPER THIN 30G ..	63	penicillin v potassium TABS	82
PANZYGA	82	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	75	PENTACEL	86
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	40	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	74	pentoxifylline	55
PARI ALTERA NEBULIZER HANDSET MISC	69	PEARLS IC CAPS	20	PERFECT LANCETS 30G	63
PARI BABY CONVERSION KITSIZE 1 MISC	69	ped multivitamins w/fl & iron SOLN 74	74	perindopril erbumine	25
PARI BABY CONVERSION KITSIZE 2 MISC	69	PEDIARIX SUSY	86	PERJETA	28
PARI BABY CONVERSION KITSIZE 3 MISC	69	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC ..	69	permethrin AERO	48
PARI ERAPID NEBULIZER HANDSET MISC	69	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND	74	permethrin CREA	48
PARI EXPIRATORY FILTER VALVE SET DEVI	69	PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC ...	74	permethrin LIQD EX	48
PARI MASK SET MISC	69	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND	74	perphenazine TABS	32
PARI SOFT PLASTIC ADULT MASK MISC	69	PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC ...	74	perphenazine-amitriptyline	83
PARI SOFT PLASTIC PEDIATRIC MASK MISC	69	pediatric vitamins acid w/ fluoride SOLN	74	PFIZER-BIONTECH COVID- 19VACCINE SUSP	90
PARI VORTEX ADULT MASK	69	PEDVAX HIB SUSP	87	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP	89
		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	58	PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 89	89
		peg 3350-potassium chloride-sod bicarbonate-sod chloride	58	PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP	89
				PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP	89
				PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP ..	89

PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y ... 90	300 MG .....13	POLIVY 140 MG .....28
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y ...90	phenytoin SUSP 13	polyethylene glycol 3350 PACK ... 58
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 90	PHILLIPS COLON HEALTH CAPS 20	polyethylene glycol 3350 POWD .. 58
PFLEX MISC .....70	PHOTOFRIN .....30	polymyxin b-trimethoprim 80
PH 12 STERILE DILUENT FORFLOLAN .....83	phytonadione TABS 5 MG .....91	polysaccharide iron complex CAPS 150 MG .....57
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC .. 70	PIFELTRO .....34	polyvinyl alcohol 1.4 %78
PHARMACY COUNTER LANCETS . 63	PILLOW MASK/ADULT MISC .....70	POLY-VI-SOL SOLN OR 75
PHEBURANE PLLT .....52	PILLOW MASK/CHILD MISC .....70	POLY-VITA SOLN OR .....75
phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....54	PILLOW MASK/PEDIATRIC MISC 70	POLY-VITA/IRON SOLN .....75
phenelzine sulfate .....14	pilocarpine hcl (oral) 5 MG .....74	POLY-VITE PEDIATRIC SOLN OR 75
phenobarbital ELIX .....58	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 79	POMALYST 29
phenobarbital TABS .....58	PILOT COVID-19 AT-HOME TEST KIT .....49	PONVORY 14-DAY STARTER PACK TBPK .....84
phenylephrine hcl (mydriatic) SOLN 2.5 %79	pimecrolimus .....47	PONVORY TABS .....84
phenylephrine hcl (oral) TABS .....76	pindolol TABS .....36	PORTRAZZA .....28
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....42	pioglitazone hcl .....17	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..72
phenylephrine-dm SOLN .....42	pioglitazone hcl-glimepiride .....15	potassium bicarbonate TBEF .....72
phenylephrine-shark liver oil-cocoa butter .....8	pioglitazone hcl-metformin hcl TABS . 15	potassium chloride CPCR 10 MEQ 72
phenylephrine-shark liver oil-mineral oil-petrolatum .....8	pirfenidone CAPS .....85	potassium chloride CPCR 8 MEQ .72
phenytoin CHEW .....13	pirfenidone TABS 534 MG .....85	potassium chloride microencapsulated crystals er 72
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....13	PIROXICAM CAPS .....5	potassium chloride PACK OR 20 MEQ .....72
phenytoin sodium extended 200 MG,	PLEGRIDY SOSY IM .....84	potassium chloride SOLN OR 10 %, 20 %72
	plerixafor .....57	potassium chloride TBCR 8 MEQ, 10 MEQ .....72
	PNEUMOVAX 23 .....87	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG .....54
	PNEUMOVAX 23/1 DOSE .....87	
	POCKET CHAMBER DEVI .....70	
	POCKET SPACER DEVI .....70	
	podofilox SOLN .....47	

potassium citrate-citric acid PACK .54	PREDNISONE INTENSOL CONC 41	PREZISTA TABS (Use darunavir) .34
potassium iodide (expectorant) SOLN.....42	prednisone SOLN .....41	PREZISTA TABS 150 MG .....34
POTELIGEO .....28	prednisone TABS .....41	PREZISTA TABS 75 MG, 600 MG, 800 MG .....34
PRADAXA CAPS (Use dabigatran etexilate mesylate) .....12	prednisone TBPK .....41	PRIALT .....5
PRADAXA CAPS .....12	PREFERRED PLUS LANCETS COLORED 21G .....63	PRIMADOPHILUS BIFIDUS CPDR 20
PRADAXA PACK .....12	PREFERRED PLUS LANCETS SUPER THIN 30G .....63	PRIMIDAR CAPS .....20
pralatrexate .....28	PREFERRED PLUS LANCETS THIN 26G .....63	primidone 125 MG .....13
PRALUENT SOAJ .....24	pregabalin CAPS .....13	primidone 50 MG, 250 MG .....13
pramipexole dihydrochloride TABS 31	pregabalin SOLN .....13	PRIORIX SUSR .....90
pramipexole dihydrochloride TB24 31	PREGNYL IM .....51	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....82
pramoxine hcl (rectal) FOAM EX ...8	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM .....51	PRIVIGEN SOLN 5 GM/50ML .....82
prasugrel hcl .....56	PREHEVBRIO .....90	PRO COMFORT ALCOHOL PADS 66
pravastatin sodium .....24	PREMARIN .....91	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC .....70
prazosin hcl CAPS .....25	PREMARIN TABS .....53	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC .....70
PRECISION THINS GP LANCET .63	PREMPHASE .....53	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI .....70
PRED MILD .....80	PREMPRO .....53	PROAIR DIGIHALER .....11
PRED-G SUSP .....80	PRENATAL VITAMINS-ASSORTED BRAND .....75	PROAIR HFA AERS (Use albuterol sulfate) .....11
prednicarbate OINT .....46	PRENATAL VITAMINS-ASSORTED GENERIC .....75	probenecid .....55
prednisolone acetate (ophth) .....80	PREORBOTIC CAPS .....20	PROBINATE CAPS .....20
PREDNISOLONE ACETATE P-F .80	PREVIDENT RINSE SOLN .....73	PROBIO DEFENSE CAPS .....20
PREDNISOLONE SODIUM PHOSPHATE .....80	PREVNAR 13 .....87	PROBIOMAX COMPLETE DF CAPS.....20
prednisolone sodium phosphate SOLN 15 MG/5ML .....41	PREVNAR 20 .....87	PROBIOMAX DAILY DF CAPS ...20
prednisolone sodium phosphate SOLN 20 MG/5ML .....41	PREVYMIS SOLN .....35	PROBIOMAX IG 26 DF CAPS ....20
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML ....41	PREVYMIS TABS .....35	PROBIOMAX LEAN DF CAPS ....20
prednisolone SOLN .....41	PREZCOBIX .....34	
	PREZISTA SUSP .....34	

PROBIOMAX SB DF CAPS	20	PROBITROL CAPS	20	promethazine & phenylephrine SYRP	42
PROBIONEXX CAPS	20	PROBIZEN CAPS	21	promethazine hcl SOLN OR 6.25 MG/5ML	23
PROBIOTIC & ACIDOPHILUS FORMULA EXTRA STRENGTH CAPS	20	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	70	promethazine hcl SUPP	23
PROBIOTIC + OMEGA-3 CAPS ..	20	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	70	promethazine hcl TABS	24
PROBIOTIC 10 ULTRA STRENGTH CAPS	20	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	70	promethazine w/codeine SOLN ...	42
PROBIOTIC ACIDOPHILUS CAPS 20		prochlorperazine	32	promethazine w/codeine SYRP ...	42
PROBIOTIC BLEND CAPS	20	prochlorperazine edisylate 10 MG/2ML	32	PRONEB ULTRA FILTER SET MISC	70
PROBIOTIC CAPS	20	prochlorperazine maleate TABS ...	32	propafenone hcl TABS	9
PROBIOTIC COLON SUPPORT CAPS	20	PROCRIT	56	propranolol hcl CP24	36
PROBIOTIC DAILY CAPS	20	PROCYSBI CPDR	54	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	36
PROBIOTIC DIGESTIVE SUPPORT CAPS	20	PROCYSBI PACK	54	propranolol hcl TABS	36
PROBIOTIC DIGESTIVE SUPPORT EXTRA STRENGTH CAPS	22	PRODIGEN CAPS	21	propylthiouracil	85
PROBIOTIC DIGESTIVE SUPPORT/INULIN CAPS	20	PRODIGY TWIST TOP LANCETS 63		PROQUAD SUSR	90
PROBIOTIC MATURE ADULT CAPS	20	PROFILNINE	55	PROTONIX PACK (Use pantoprazole sodium)	87
PROBIOTIC PEARLS ADVANTAGE CAPS	20	PRO-FLORA IMMUNE CAPS	21	protriptyline hcl	15
PROBIOTIC PEARLS CAPS	20	progesterone CAPS 100 MG	83	PROVENGE	28
PROBIOTIC PEARLS MAX POTENCY CAPS	20	progesterone CAPS 200 MG	83	PROVENTIL HFA AERS (Use albuterol sulfate)	11
PROBIOTIC PEARLS WOMENS CAPS	20	PROGLYCEM (Use diazoxide) ...	16	pseudoephedrine hcl TABS	76
PROBIOTIC/PREBIOTIC/CRANBERRY CAPS	20	PROGRAF PACK	73	pseudoephedrine hcl TB12	76
PROBIOTIC+TURMERIC EXTRACT CAPS	20	PROGRAF SOLN	73	pseudoephedrine-ibuprofen TABS	42
PROBIOTIC-10 ULTIMATE CAPS 20		PROLEUKIN	30	PSS SELECT GP LANCETS	63
		PROLIA SOSY	51	PSS SELECT SAFETY LANCETS 63	
		PROMACTA PACK 12.5 MG	57	psyllium CAPS 0.52 GM	58
		PROMACTA TABS	57	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 43 %, 58.6 %, 100 % ...	58
		PROMELLA IN PREBIOTIC CAPS 21		PULMICORT FLEXHALER AEPB .10	
		PROMEROL CAPS	21		

PULMOZYME	85	QUADRACEL SUSY	86	SUPPORT CAPS	21
PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 70		quetiapine fumarate TABS	32	RA PROBIOTIC MAXIMUM STRENGTH CAPS	21
PURIXAN SUSP	28	quetiapine fumarate TB24	32	RABAVERT	90
PX LANCETS MICROTHIN 33G ..	63	QUICKVUE AT-HOME COVID-19 TEST KIT	49	rabeprazole sodium TBEC	87
PX LANCETS ULTRA THIN	63	QUICKVUE SARS ANTIGEN TEST . 49		raloxifene hcl	51
pyrantel pamoate SUSP 144 MG/ML 8		quinapril hcl	25	ramelteon	58
pyrazinamide	27	quinapril-hydrochlorothiazide 12.5 MG-10 MG	26	ramipril CAPS	25
pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-0.3 %-1.2 %	48	quinapril-hydrochlorothiazide 12.5 MG-20 MG	26	ranitidine hcl TABS 75 MG, 150 MG . 86	
pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %	48	quinapril-hydrochlorothiazide 12.5 MG-20 MG	26	ranolazine TB12	9
pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	48	quinapril-hydrochlorothiazide 25 MG- 20 MG	26	RAPAFLO 4 MG (Use silodosin) ..	54
pyridostigmine bromide TABS 60 MG	27	quinidine gluconate TBCR	9	RAPID RESPONSE COVID-19 ...	49
pyridostigmine bromide TBCR	27	quinidine sulfate TABS	9	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	50
pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	92	QULIPTA	71	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3
pyrimethamine	27	QUVIVIQ	58	RAVICTI	52
QC ALCOHOL SWABS	66	RA ALCOHOL SWABS	66	REALITY LANCETS	64
QC LANCETS SUPER THIN	63	RA ARTHRITIS PAIN RELIEF CREA 47		REALITY SWABS	66
QC LANCETS ULTRA THIN	63	RA DRY MOUTH SOLN	74	REBINYN	55
QC UNILET LANCETS 28G/ULTRA THIN	63	RA E-ZJECT LANCETS 28G	64	RECOMBINATE SOLR	55
QC UNILET LANCETS 33G/MICRO THIN	64	RA E-ZJECT LANCETS THIN 26G 64		RECOMBIVAX HB SUSP	90
QDOLO SOLN (Use tramadol hcl) ..	6	RA E-ZJECT LANCETS THIN 28G 64		RECOMBIVAX HB SUSY	90
QELBREE	2	RA E-ZJECT LANCETS ULTRATHIN 30G	64	RELEUKO SOLN	57
QUAD-PROBIOTIC CAPS	21	RA E-ZJECT LANCETS ULTRATHIN 30G	64	RELEUKO SOSY	57
QUADRACEL SUSP	86	RA PROBIOTIC COLON CARE CAPS	21	RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG	2
		RA PROBIOTIC COMPLEX CAPS 21		RELEXXII TBCR 45 MG, 63 MG ...	2
		RA PROBIOTIC DIGESTIVE		RELION ALCOHOL SWABS	66

RELION KETONE TEST STRIPS STRP	50	retinoin)	42	risedronate sodium TABS 5 MG, 30 MG	51
RELION LANCETS MICRO-THIN33G	64	RETISERT	80	risedronate sodium TBEC	51
RELION LANCETS THIN 26G	64	RETROVIR CAPS (Use zidovudine) .	34	RISPERDAL CONSTA (Use risperidone microspheres)	32
RELION LANCETS ULTRA-THIN30G	64	RETROVIR SYRP (Use zidovudine) .	34	risperidone microspheres	32
RELION ULTRA THIN LANCETS/30G	64	REVCIVI	52	risperidone SOLN	32
RELION ULTRA THIN LANCETS30G	64	REVLIMID	72	risperidone TABS	32
RELION ULTRA THIN PLUS LANCETS 32G	64	REXALL LANCETS ULTRA THIN	64	risperidone TBDP	32
RELION ULTRA THIN PLUS LANCETS 33G	64	REYATAZ CAPS 200 MG, 300 MG (Use atazanavir sulfate)	34	RITEFLO DEVI	70
REMODULIN SOLN IJ	37	REYATAZ PACK	34	ritonavir TABS	34
RENAGEL (Use sevelamer hcl) ..	54	REZVOGLAR KWIKPEN	17	RITUXAN	28
REVELA TABS (Use sevelamer carbonate)	54	RHOGAM ULTRA-FILTERED PLUS		rivastigmine 13.3 MG/24HR	83
repaglinide	17	SOSY IM	82	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	83
REPATHA SOSY	24	RHOPHYLAC SOSY IJ	82	rivastigmine tartrate CAPS	83
REPATHA SURECLICK SOAJ	24	RIASTAP	55	RIXUBIS SOLR	55
REPLACEMENT AIR FILTER MISC .	70	ribavirin (hepatitis c) CAPS	35	rizatriptan benzoate TABS	71
REPLACEMENT FILTERS MISC ..	70	ribavirin (hepatitis c) TABS 200 MG	35	rizatriptan benzoate TBDP	71
RESTASIS EMUL (Use cyclosporine (ophth))	80	riboflavin TABS	92	ROCKLATAN	80
RESTASIS MULTIDOSE EMUL ...	80	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	48	ROCTAVIAN	55
RESTORA CAPS	21	rifampin CAPS	27	ROLVEDON	57
RETACRIT	57	RIGHTEST GL300 LANCETS	64	romidepsin SOLR	30
RETIN-A CREA (Use tretinoin)	42	riluzole TABS	76	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	31
RETIN-A GEL 0.01 % (Use tretinoin) .	42	rimantadine hydrochloride TABS ..	35	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	31
RETIN-A GEL 0.025 % (Use		RINVOQ	3	ropinirole hydrochloride TB24	31
		RISAQUAD CAPS	21	rosuvastatin calcium TABS	24
		RISAQUAD-2 CAPS	21	ROTARIX SUSP	90
		risedronate sodium TABS 150 MG	51	ROTARIX SUSR	90
		risedronate sodium TABS 35 MG .	51	ROTATEQ SOLN	90

RUBRACA	30	COMPLEXULTRA CAPS	21	70
RUCONEST	55	selegiline hcl CAPS	31	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC
rufinamide SUSP	13	selegiline hcl TABS	31	70
RUKOBIA	34	selenium sulfide LOTN 1 %	44	SIDESTREAM PLUS ADULT FACE MASK MISC
RYALTRIS	76	selenium sulfide LOTN 2.5 %	44	70
SABRIL PACK (Use vigabatrin) ...	13	selenium sulfide SHAM 1 %	44	SIGNIFOR
SABRIL TABS (Use vigabatrin) ...	13	SELZENTRY SOLN	34	52
salicylic acid GEL 6 %	47	SELZENTRY TABS 25 MG, 75 MG 34		SIGNIFOR LAR
saline SOLN	76	SEMGLEE SOLN	17	52
salsalate	6	SEMGLEE SOPN	17	SIKLOS TABS
SAMI THE SEAL		sennosides TABS 8.6 MG	58	56
REPLACEMENTFILTERS MISC ..	70	sennosides-docusate sodium TABS 58		sildenafil citrate (pulmonary hypertension) SOLN
SANDIMMUNE CAPS (Use cyclosporine)	73	SEREVENT DISKUS	11	37
SANDIMMUNE SOLN OR	73	sertraline hcl CONC	14	sildenafil citrate (pulmonary hypertension) SUSR
SANDOSTATIN LAR DEPOT KIT .	52	sertraline hcl TABS	14	37
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT .	90	SERTRALINE HYDROCHLORIDE CAPS	14	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC
sapropterin dihydrochloride PACK .	52	sevelamer carbonate PACK	54	70
sapropterin dihydrochloride TABS .	52	sevelamer carbonate TABS	54	SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC
SAVELLA TABS	84	sevelamer hcl	54	70
SAVELLA TITRATION PACK MISC	84	SEVENFACT	55	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC
saxagliptin hcl	16	SHOPKO UNILET LANCETS SUPER THIN 30G	64	70
saxagliptin-metformin hcl	15	SHOPKO UNILET LANCETS ULTRA THIN 28G	64	silodosin
SAXENDA	1	SIDESTREAM ADULT FACE MASK MISC	70	54
SB ALCOHOL PREP PADS	66	SIDESTREAM PEDIATRIC FACEMASK MISC	70	44
SB LANCETS THIN	64	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC .		SIMBRINZA
SB LANCETS ULTRA THIN	64			79
SCHOOLTIME SHAMPOO SHAM	48			simethicone CHEW 80 MG
SD PROBIOTIC-10				53
				simethicone LIQD OR 20 MG/0.3ML . 53
				simethicone SUSP
				53
				SIMPLYTHICK
				82

SIMPLYTHICK EASY MIX	82	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	8	SOMATULINE DEPOT	52
SIMPLYTHICK EASYMIX	83	sodium chloride (gu irrigant) 0.9 %	54	SOMAVERT	51
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	24	sodium chloride (inhalant) AERS ..	42	SOOTHENE NB 100 CHILD MASK MISC	70
simvastatin TABS 80 MG	24	sodium chloride (inhalant) NEBU 0.9 %, 7 %	42	SOOTHENE NB 100 MEDICATION CUP MISC	71
sirolimus SOLN	73	sodium citrate & citric acid	54	SOOTHENE NB 100 MESH CAP MISC	71
sirolimus TABS	73	sodium fluoride (dental) CREA	73	SOOTHENE NB 100 ADULT MASK MISC	71
SIVEXTRO TABS	26	sodium fluoride (dental) GEL	73	sorafenib tosylate	30
SKYLA	40	sodium fluoride (dental) SOLN 0.2 %	73	SORBITOL OR 70 %	58
SKYRIZI PEN SOAJ	44	73		SORILUX FOAM	44
SKYRIZI SOCT	53	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	72	sotalol hcl (afib/af)	36
SKYRIZI SOLN	53	sodium fluoride SOLN 0.125 MG/DROP	72	sotalol hcl TABS 240 MG	36
SKYRIZI SOSY	44	sodium fluoride SOLN 0.5 MG/ML	72	sotalol hcl TABS 80 MG, 120 MG, 160 MG	36
SKYSONA	83	SODIUM OXYBATE SOLN	83	SOTYKTU	44
SKYTROFA	51	sodium phenylbutyrate POWD	52	SOVALDI PACK	35
SM ACIDOPHILUS PEARLS CAPS 21		sodium phenylbutyrate TABS	52	SOVALDI TABS	35
SM ADVANCED PROBIOTIC ULTRA POTENCY CAPS	21	sodium phosphates ENEM	58	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	50
SM ALCOHOL PREP PADS	66	sodium polystyrene sulfonate POWD	73	SPEVIGO SOLN	44
SM GLUCOSE CHEW	16	73		SPIKEVAX COVID-19 VACCINE SUSP	90
SM IPECAC SYRUP	22	sodium polystyrene sulfonate SUSP OR 15 GM/60ML	73	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	90
SM MICRO THIN LANCETS 33G	64	SOFIA SARS ANTIGEN FIA	50	SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	90
SMART SENSE COLOR LANCETS UNIVERSAL 33G	64	SOFIA2 SARS ANTIGEN FIA	50	spinosad	48
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	64	SOFOBUVIR/VELPATASVIR TABS	35	SPINRAZA	77
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	64	SOGROYA	51	SPIRIVA HANDHALER CAPS (Use tiotropium bromide monohydrate) .	10
SMART SENSE THIN LANCETS UNIVERSAL 26G	64	SOHONOS 5 MG	75		
SOAANZ TABS 20 MG	50	SOLESTA	72		
		solifenacin succinate TABS	87		
		SOLIRIS	55		

spironolactone & hydrochlorothiazide	50	sulfacetamide sodium (acne)	42	SUPER PROBIOTIC DIGESTIVE SUPPORT CAPS	21
spironolactone TABS	50	sulfacetamide sodium (ophth) SOLN 80		SUPER THIN LANCETS	64
SPRYCEL	30	sulfacetamide sodium LIQD	44	SUPERIOR PROBIOTIC CAPS ...	21
STAMARIL SUSR	90	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	42	SUPPRELIN LA	51
stannous fluoride CONC	73	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	43	SURELITE LANCETS	64
stavudine CAPS	34	sulfacetamide sod-prednisolone SOLN	80	SUSTIVA CAPS 200 MG (Use efavirenz)	34
STERILANCE TL	64	sulfamethoxazole-trimethoprim SUSP	26	SUSTIVA CAPS 50 MG (Use efavirenz)	34
STIMATE SOLN NA	52	sulfamethoxazole-trimethoprim TABS	26	SUSTIVA TABS (Use efavirenz) ...	34
STIMUFEND	57	sulfamethoxazole-trimethoprim TABS	26	SYLVANT	73
STIOLTO RESPIMAT	11	sulfasalazine TABS	53	SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	11
STIVARGA	30	sulfasalazine TBEC	53	SYMDEKO	85
STRENSIQ	52	sulindac TABS	5	SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	34
STRIBILD	34	sumatriptan	71	SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	34
SUBLOCADE SOSY	7	sumatriptan succinate SOAJ 4 MG/0.5ML	71	SYMTUZA	34
SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOAJ 6 MG/0.5ML	71	SYNAGIS SOLN	82
SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOCT 4 MG/0.5ML	71	SYNAREL	51
SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOCT 6 MG/0.5ML	71	SYNOJOYNT SOSY	76
SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	7	sumatriptan succinate SOLN 6 MG/0.5ML	71	SYNRIBO	30
SUCRAID	50	sumatriptan succinate TABS	71	SYNTHROID TABS (Use levothyroxine sodium)	85
sucralfate SUSP	86	sumatriptan-naproxen sodium	71	SYNVISC ONE SOSY	76
sucralfate TABS	86	sunitinib malate	30	SYNVISC SOSY	76
SUDAFED CHILDRENS LIQD	76	SUNLENCA TBPK	34	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	74
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	76	SUPARTZ FX SOSY	76	TABLOID	28
		SUPER PROBIOTIC CAPS	21	TACLONEX SUSP (Use	

calcipotriene-betamethasone dipropionate)	46	temazepam 15 MG, 30 MG	58	TEZSPIRE SOAJ	10
tacrolimus (topical) OINT 0.03 % ..	47	temazepam 7.5 MG, 22.5 MG	58	TEZSPIRE SOSY	10
tacrolimus (topical) OINT 0.1 % ...	47	TEMODAR SOLR	27	TGT LANCET MICRO THIN 33G ..	64
tacrolimus CAPS	73	temozolomide CAPS	27	TGT LANCET THIN 26G	64
tadalafil (pulmonary hypertension) TABS	37	temsirolimus	30	TGT LANCET ULTRA THIN 30G ..	65
TADLIQ SUSP	37	TENIVAC INJ	86	THALOMID	72
TAFINLAR CAPS	30	tenofovir disoproxil fumarate TABS 34		THEO-24 CP24 100 MG	11
TAGRISSE	29	terazosin hcl	25	THEO-24 CP24 200 MG, 300 MG, 400 MG	11
TAKHZYRO SOLN	56	terbinafine hcl (topical) CREA	43	theophylline ELIX	11
TALZENNA 0.25 MG, 1 MG	30	terbinafine hcl TABS	23	theophylline SOLN	11
tamoxifen citrate TABS	29	terbutaline sulfate TABS	11	theophylline TB12 100 MG, 200 MG, 300 MG	11
tamsulosin hcl	54	terconazole vaginal CREA 0.4 % ..	91	theophylline TB12 450 MG	11
TASCENSO ODT	84	terconazole vaginal CREA 0.8 % ..	90	theophylline TB24	11
TASIGNA	30	terconazole vaginal SUPP	91	thiamine hcl TABS	92
tasimelteon CAPS	58	teriparatide (recombinant) SOPN ..	51	thiamine mononitrate TABS 100 MG . 92	
TAVALISSE	55	TESTOPEL PLLT	8	THINLETS GP LANCETS	65
tazarotene CREA	44	testosterone cypionate SOLN IM 200 MG/ML	8	thioridazine hcl	33
TDVAX SUSP	86	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	8	thiothixene	33
TECENTRIQ	28	testosterone GEL TD 1 %	8	THRESHOLD IMT MISC	71
TECHLITE AST LANCETS	64	testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM	8	THROMBATE III	56
TECHLITE LANCETS	64	testosterone SOLN	8	THYMOGLOBULIN	73
TECHLITE LANCETS 30G	64	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	86	THYROGEN 0.9 MG	48
TEGLUTIK SUSP	76	tetrabenazine	84	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	85
TEGRETOL-XR TB12 (Use carbamazepine)	13	tetracaine hcl (ophth)	80	tiagabine hcl 12 MG, 16 MG	13
TEGSEDI	84	tetrahydrozoline hcl (ophth) 0.05 % 80		tiagabine hcl 2 MG, 4 MG	13
telmisartan	25			TIBSOVO	30
telmisartan-amlodipine	26			TICOVAC	90
telmisartan-hydrochlorothiazide ...	26				

TIGLUTIK SUSP	77	tobramycin-dexamethasone SUSP 80	tramadol hcl SOLN	6	
timolol maleate (ophth) SOLG 0.25 %	79	TOBEX OINT	80	tramadol hcl TABS 100 MG	6
timolol maleate (ophth) SOLN 0.5 % . 79		TODAYS HEALTH SUPER THINLANCETS 30G	65	tramadol hcl TABS 50 MG	7
timolol maleate (ophth) SOLN	79	TODAYS HEALTH ULTRA THINLANCETS 28G	65	TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	7
timolol maleate TABS	36	tolmetin sodium CAPS	5	tramadol-acetaminophen	7
TIMOLOL/BRIMONIDE/DORZOLAMI DE	79	tolmetin sodium TABS 600 MG	5	trandolapril 1 MG, 2 MG	25
TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	79	tolnaftate CREA	43	trandolapril 4 MG	25
tioconazole vaginal 6.5 %	91	tolterodine tartrate CP24	87	trandolapril-verapamil hcl	26
tiopronin TABS	54	tolterodine tartrate TABS	87	tranexamic acid TABS	57
tiotropium bromide monohydrate CAPS	10	tolvaptan TABS	52	tranylcypromine sulfate	14
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (Use levothyroxine sodium)	85	TOPAMAX SPRINKLE CPSP (Use topiramate)	13	TRAVATAN Z SOLN (Use travoprost)	81
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG	85	topiramate CPSP	13	travoprost SOLN	81
TIVICAY PD TBSO	35	topiramate TABS 25 MG	13	trazodone hcl TABS 300 MG	14
TIVICAY TABS	35	topiramate TABS 50 MG, 100 MG, 200 MG	13	trazodone hcl TABS 50 MG, 100 MG, 150 MG	14
tizanidine hcl CAPS	75	topotecan hcl SOLN	31	TRECTOR	27
tizanidine hcl TABS	75	TOPOTECAN HCL SOLN	31	TRELSTAR MIXJECT 11.25 MG, 22.5 MG	29
TOBI NEBU (Use tobramycin)	3	topotecan hcl SOLR	31	TRELSTAR MIXJECT 3.75 MG ...	29
TOBRADEX OINT	80	toremifene citrate	29	treprostinil SOLN IJ	37
tobramycin (ophth) SOLN	80	torsemide TABS 20 MG	50	tretinoin (chemotherapy)	30
tobramycin NEBU	3	torsemide TABS 5 MG, 10 MG, 100 MG	50	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	43
tobramycin sulfate SOLN IJ	3	TOTECT	31	tretinoin CREA 0.025 %	43
tobramycin sulfate SOLR	3	TOVIAZ (Use fesoterodine fumarate)	87	tretinoin GEL 0.01 %	43
		TPOXX CAPS	36	tretinoin GEL 0.025 %	43
		TRADJENTA	16	tretinoin GEL 0.05 %	43
		tramadol hcl CP24 100 MG, 200 MG, 300 MG	6	tretinoin microsphere	43
				TRETTEN	55

TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28	trimethoprim TABS	26	TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	5
triamcinolone acetonide (mouth) ..	73	trimipramine maleate CAPS	15	TYPHIM VI SOLN	87
triamcinolone acetonide (topical) AERS	46	TRIUMEQ PD TBSO	35	TYPHIM VI SOSY	87
triamcinolone acetonide (topical) CREA 0.025 %	46	TRIUMEQ TABS	35	UBRELVY	71
triamcinolone acetonide (topical) CREA 0.1 %	46	TRIVISC SOSY	76	UDENYCA SOAJ	57
triamcinolone acetonide (topical) CREA 0.5 %	46	TRIZIVIR	35	UDENYCA SOSY	57
triamcinolone acetonide (topical) LOTN	46	tropicamide SOLN 0.5 %	79	ULTILET CLASSIC LANCETS	65
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %	46	tropicamide SOLN 1 %	79	ULTRAFLOA IMMUNE HEALTH CAPS	21
triamcinolone acetonide (topical) OINT 0.05 %	46	trospium chloride CP24	87	UNILET COMFORTOUCH LANCET 65	
triamcinolone acetonide (topical) OINT 0.5 %	46	trospium chloride TABS	87	UNILET EXCELITE	65
triamcinolone acetonide-dimethicone-silicone	47	TRUBIOTICS CAPS	21	UNILET EXCELITE II	65
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	50	TRUBIOTICS DIGESTIVE + IMMUNE HEALTH CAPS	21	UNILET G.P. LANCET	65
triamterene & hydrochlorothiazide TABS	50	TRUEPLUS GLUCOSE CHEW ...	16	UNILET G.P. SUPERLITE LANCET . 65	
triazolam	58	TRUEPLUS GLUCOSE ON THE GO CHEW	16	UNILET GP 28 ULTRA THIN	65
trientine hcl 250 MG	72	TRUEPLUS LANCETS 26G	65	UNILET LANCET	65
trifluoperazine hcl TABS	33	TRUEPLUS LANCETS 28G	65	UNILET LANCETS MICRO-THIN33G	65
trihexyphenidyl hcl SOLN	31	TRUEPLUS LANCETS 28G SUPER THIN	65	UNILET LANCETS SUPER-THIN30G	65
trihexyphenidyl hcl TABS	31	TRUEPLUS LANCETS 30G	65	UNILET LANCETS ULTRA-THIN 28G	65
TRIKAFTA TBPK 100 MG-50 MG .	85	TRUEPLUS LANCETS 30G ULTRA THIN	65	UNILET SUPERLITE LANCET ...	65
TRILEPTAL SUSP (Use oxcarbazepine)	13	TRUEPLUS LANCETS 33G	65	UNITUXIN	28
TRILURON SOSY	76	TRULICITY	16	UNIVERSAL 1 LANCETS THIN26G . 65	
		TRUMENBA	87	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65
		TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate)	35	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65
		TUBING/WING TIP MISC	71	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65
		TWINRIX SUSY	90	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65
		TYBLUME CHEW	39	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65
		TYBOST	35	UNIVERSAL 1 LANCETS ULTRA THIN 30G	65

UP4 PROBIOTICS ADULT CAPS .21	VALUE PLUS LANCETS THIN 26G .65	VENCLEXTA STARTING PACK TBPK .....28
UP4 PROBIOTICS MENS CAPS .21	VALUMARK LANCET SUPER THIN 30G .....65	VENCLEXTA TABS .....28
UP4 PROBIOTICS ULTRA CAPS .21	VALUMARK LANCET ULTRA THIN 28G .....65	VENLAFAXINE BESYLATE ER ...15
UP4 PROBIOTICS WOMENS CAPS 21	vancomycin hcl CAPS 125 MG ...26	venlafaxine hcl CP24 150 MG .....15
urea CREA 40 %47	vancomycin hcl CAPS 250 MG ...26	venlafaxine hcl CP24 37.5 MG ....15
urea LOTN 40 %47	vancomycin hcl SOLR IV 1 GM, 1000 MG .....26	venlafaxine hcl CP24 75 MG .....15
ursodiol CAPS .....53	vancomycin hcl SOLR IV 500 MG .26	venlafaxine hcl TABS .....15
ursodiol TABS 250 MG .....53	vancomycin hcl SOLR OR 25 MG/ML.....26	venlafaxine hcl TB24 .....15
UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML .....32	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM .....26	VENTOLIN HFA AERS (Use albuterol sulfate) .....11
UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML .....32	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....26	verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...37
valacyclovir hcl 1 GM, 1000 MG ...35	VANDAZOLE .....91	verapamil hcl CP24 300 MG .....37
valacyclovir hcl 500 MG .....35	VAQTA .....90	verapamil hcl CP24 360 MG .....37
valganciclovir hcl TABS .....35	varenicline tartrate TABS .....84	verapamil hcl TABS .....37
valproate sodium SOLN OR 250 MG/5ML .....13	varenicline tartrate TBPK .....84	verapamil hcl TBCR .....37
valproic acid CAPS .....13	VARIVAX INJ .....90	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl) .....37
valrubicin .....29	VAXCHORA .....87	VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl) .....37
valsartan SOLN .....25	VAXELIS SUSP .....86	VERELAN PM CP24 300 MG (Use verapamil hcl) .....37
valsartan TABS .....25	VAXELIS SUSY .....86	VESICARE LS SUSP .....87
valsartan-hydrochlorothiazide .....26	VAXNEUVANCE .....87	VH ESSENTIALS OPTIBALANCE PROBIOTIC MAINTENACE PACK CAPS .....21
VALTOCO 10 MG DOSE LIQD ...12	VCF VAGINAL CONTRACEPTIVE FILM FILM .....90	VIACTIV DIGESTIVE HEALTH CHEW .....22
VALTOCO 15 MG DOSE LQPK ...12	VCF VAGINAL CONTRACEPTIVEGEL GEL .....90	VICTOZA .....16
VALTOCO 20 MG DOSE LQPK ...12	VECAMYL .....26	VIDA MIA UNILET LANCETS SUPER THIN 30G .....65
VALTOCO 5 MG DOSE LIQD .....12	VECTIBIX 100 MG/5ML, 400 MG/20ML .....29	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....65

VIEKIRA PAK TBPK	35	VOGELXO PUMP GEL TD (Use testosterone)	8	WEBCOL ALCOHOL PREP MEDIUM 2 PLY	66
vigabatrin PACK	13	VONVENDI	55	WEGOVY	1
vigabatrin TABS	13	VORAXAZE	31	WELLPRO 31 CAPS	21
VIJOICE	73	VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	71	white petrolatum-mineral oil	78
VIMIZIM	52	VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	71	WILATE KIT	55
vincristine sulfate	31	VORTEX VALVED HOLDING CHAMBER DEVI	71	WINDMILL TRAINER MISC	71
VIRACEPT TABS 250 MG	35	VOSEVI	35	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ...	82
VIRACEPT TABS 625 MG	35	VOTRIENT	30	WOMENS 50 BILLION CAPS	21
VIREAD POWD	35	VPRIV	56	XACIATO GEL	91
VIREAD TABS (Use tenofovir disoproxil fumarate)	35	VSL#3 CAPS	21	XALKORI CAPS	30
VIREAD TABS	35	VTAMA	44	XARELTO STARTER PACK TBPK 12	
VISBIOME PROBIOTIC HIGH POTENCY CAPS	21	VYNDAMAX	37	XARELTO SUSR	12
VISCO-3 SOSY	76	VYNDAQEL	37	XARELTO TABS 10 MG, 20 MG ..	12
VISTOGARD	22	VYVANSE CAPS	1	XARELTO TABS 15 MG	12
VISUDYNE	80	VYVANSE CHEW	1	XARELTO TABS 2.5 MG	12
VITAMIN D3 LIQD OR 5000 UNIT/ML	91	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	66	XARELTO TABS 2.5 MG	12
VITAMIN E CAPS 200 UNIT	91	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	66	XARJANZ SOLN	3
vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT	91	WALGREENS GLUCOSE CHEW ..	16	XELSTRYM	1
VITAMIN E CHEW	91	WALGREENS THIN LANCETS ..	66	XEOMIN	77
vitamins w/ lipotropics CAPS	75	warfarin sodium TABS	11	XEROSTOMIA RELIEF SPRAY SOLN	74
VITRAKVI CAPS	30	WEBCOL ALCOHOL PREP LARGE 1 PLY	66	XGEVA SOLN	51
VITRAKVI SOLN	30	WEBCOL ALCOHOL PREP LARGE 2 PLY	66	XIAFLEX	72
VIVIMUSTA SOLN	27			XIIDRA	80
VIVITROL	22			XOFLUZA	35
VIVOTIF	87			XOLAIR SOLR	10
VIZIMPRO	29			XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	10
VOCABRIA	35				

XOPENEX HFA (Use levalbuterol tartrate)	11	ZEMAIRA SOLR 1000 MG	85	51
XOSPATA	30	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	50	zoledronic acid SOLN 5 MG/100ML 51
XPERT XPRESS SARS-COV-2 ..	50	ZEPATIER	35	ZOLEDRONIC ACID SOLN
XTANDI CAPS	29	ZEPOSIA STARTER KIT CPPK ..	84	51
XYBIOTIC CAPS	21	ZEVALIN Y-90	28	ZOLEDRONIC ACID SOLN
XYNTHA	55	ZIAGEN SOLN (Use abacavir sulfate)	35	ZOLGENSMA 10.1-10.5 KG
XYNTHA SOLOFUSE	55	ZIAGEN TABS (Use abacavir sulfate)	35	ZOLGENSMA 10.6-11.0 KG
XYREM SOLN	83	zidovudine CAPS	35	ZOLGENSMA 11.1-11.5 KG
YERVOY	28	zidovudine SYRP	35	ZOLGENSMA 11.6-12.0 KG
YESCARTA	28	zidovudine TABS	35	ZOLGENSMA 12.1-12.5 KG
YF-VAX INJ	90	ZIEXTENZO	57	ZOLGENSMA 12.6-13.0 KG
YONDELIS	27	zileuton TB12	10	ZOLGENSMA 13.1-13.5 KG
YOSPRALA 81 MG-40 MG	56	ZILRETTA SRER	41	ZOLGENSMA 13.6-14.0 KG
YUFLYMA 1-PEN KIT AJKT	4	ZIMHI SOSY	22	ZOLGENSMA 14.1-14.5 KG
YUFLYMA 2-PEN KIT AJKT	4	zinc oxide (topical) OINT 20 %	47	ZOLGENSMA 14.6-15.0 KG
YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML	4	zinc sulfate CAPS	72	ZOLGENSMA 15.1-15.5 KG
YUFLYMA CD/UC/HS STARTER AJKT	4	ZINPLAVA	82	ZOLGENSMA 15.6-16.0 KG
YUSIMRY	4	ziprasidone hcl	32	ZOLGENSMA 16.1-16.5 KG
YUTIQ	80	ziprasidone mesylate	32	ZOLGENSMA 16.6-17.0 KG
zafirlukast	10	ZOLADEX 10.8 MG	29	ZOLGENSMA 17.1-17.5 KG
zaleplon	58	ZOLADEX 3.6 MG	29	ZOLGENSMA 17.6-18.0 KG
ZALTRAP	28	zoledronic acid CONC	51	ZOLGENSMA 18.1-18.5 KG
ZARXIO	57	zoledronic acid SOLN 4 MG/100ML		ZOLGENSMA 18.6-19.0 KG
ZAVZPRET	71			ZOLGENSMA 19.1-19.5 KG
ZEGALOGUE SOAJ	16			ZOLGENSMA 19.6-20.0 KG
ZEGALOGUE SOSY	16			ZOLGENSMA 2.6-3.0 KG
ZELAC CAPS	21			ZOLGENSMA 20.1-20.5 KG
ZELBORAF	30			ZOLGENSMA 20.6-21.0 KG

ZOLGENSMA 4.6-5.0 KG	78	ZUBSOLV SUBL 1.4 MG-5.7 MG ...	7
ZOLGENSMA 5.1-5.5 KG	78	ZUBSOLV SUBL 2.1 MG-8.6 MG ...	7
ZOLGENSMA 5.6-6.0 KG	78	ZUBSOLV SUBL 2.9 MG-11.4 MG .	8
ZOLGENSMA 6.1-6.5 KG	78	ZULRESSO	14
ZOLGENSMA 6.6-7.0 KG	78	ZYDELIG	30
ZOLGENSMA 7.1-7.5 KG	78	ZYKADIA TABS	30
ZOLGENSMA 7.6-8.0 KG	78	ZYNTEGLO	56
ZOLGENSMA 8.1-8.5 KG	78	ZYPREXA RELPREVV	32
ZOLGENSMA 8.6-9.0 KG	78		
ZOLGENSMA 9.1-9.5 KG	78		
ZOLGENSMA 9.6-10.0 KG	78		
ZOLINZA	30		
zolmitriptan SOLN 2.5 MG	71		
zolmitriptan TABS	71		
zolmitriptan TBDP	71		
ZOLPIDEM TARTRATE CAPS	58		
zolpidem tartrate SUBL	58		
zolpidem tartrate TABS	58		
zolpidem tartrate TBCR	58		
ZOMIG SOLN 2.5 MG	71		
ZONISADE SUSP	13		
zonisamide CAPS	13		
ZORYVE	44		
ZOVIRAX CREA (Use acyclovir topical)	44		
ZOVIRAX OINT (Use acyclovir topical)	44		
ZTALMY	13		
ZUBSOLV SUBL 0.18 MG-0.7 MG .	7		
ZUBSOLV SUBL 0.36 MG-1.4 MG .	8		
ZUBSOLV SUBL 0.71 MG-2.9 MG .	8		